

Ohio Campaign Finance Report_{05 OCT 27 PM 3: 38}

Prescribed by Secretary of State 02/01

| | | Prescribed by Secretary of State 02/01 | | | | | | COUN | ΤΥ |
|---|-----------------|--|---------|----------------------|-------------|--|-----------|----------|---|
| Full Name of Committee | | | | | | | ation Nur | | |
| CITIZENS FOR RAN | IKIN | | | | | | | | |
| Full Name of Candidate | | | | | | ــــــــــــــــــــــــــــــــــــــ | | | |
| MIKE R. RANKIN | | | | | | | | | |
| Street Address | | | | Office Sought | | | | District | : |
| 545 EAST TOWN STR | EET | | | JUDGE, | MUNI | CIPA | L COU | FR. | ANKLIN CC |
| City | | | | | | tate | Zip Cod | | |
| COLUMBUS | | | | | 0 | Н | 432 | 15 | |
| Type of Report | Pre-Primary | Post-Primary | Х | Pre-General | | Post-Ge | eneral | | Annual Year |
| (place X to the left of report type) | July Monthly | August Monthly | | September Monthly | | Termina | ation | | ************************************** |
| Amended Report? Yes No | Report Elect | tronically filed? Yes No | Date of | Election | 1 | м 1 | 0 | D 8 | $\begin{bmatrix} \mathbf{Y} \\ 0 \end{bmatrix} = 5$ |

For candidates only, during an election year: if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box. No other forms are required at a post-primary or post-general period, if above statement applies. See R.C. 3517.10(H) for details.

| Amount brought forward from last report | \$ 4,966.80 |
|--|----------------|
| 2. Total monetary contributions (From Form No. 31-A) | \$ 34,036.00 |
| 3. Total other income (From Form No. 31-A-2) | \$ 411.64 |
| 4. Total funds available (sum of lines 1, 2, 3) | \$ 39,414.44 |
| 5. Total monetary expenditures (From Form No. 31-B) | \$ 12,448.28 |
| 6. Balance on hand (line 4 minus line 5) | \$ 26,966.16 |
| 7. Value of in-kind contributions received (From Form No. 31-J-1) | \$ 5,909.33 |
| 8. Value of in-kind contributions made (From Form No. 31-J-2) | 0.00 |
| 9. Outstanding loans owed by committee (From Form No. 31-C) | \$ 11,150.00 |
| 10. Outstanding debts owed by committee (From Form No. 31-N) | \$ 2,201.11 |
| 11. Outstanding loans owed to committee (From Form No. 31-K) | \$ 0.00 |
| 12. Value of independent expenditures made (From Form No. 31-U) | 0.00 |
| For Electronic Filing Entitles only Sum of lines 2, 7 and amount of any new loans received this period | \$ (|

| HE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION. WHOEVER | | | | | | | |
|--|-------------------------------|-------------------|------------|--|--|--|--|
| COMMITS ELECTION FALSIFICATION IS GUILT | Y OF A FELONY OF THE FIFTH DE | GREE (| | | | | |
| <u>LAURA T. RIGGS-KOLMAN</u> | | rat. Kiges-Kolman | 10-26-2005 | | | | |
| Print Name and Title (Treasurer and Deputy Tr | easurer only) Signature | ()) | Date | | | | |
| Contribution | Expenditure | Other | Total | | | | |
| pages 34 | pages 2 | pages 7 | pages 43 | | | | |

| Page 🖊 |
|--------|
| |

Page Total \$ ____16,405.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | |
|---|-----------------------|-------------|----------------------------|-------------|----------|------------|-----------------------------|
| CITIZENS FOR RANKIN | | _ | | | | | |
| Full Name of Contributor | <u> </u> | | | Registr | ation Nu | mber, if | PAC |
| JEEFFREY W. HUTSON | | | | 1 | | | |
| Street Address | Employ | /er/Occu | upation/Labor Organization | | | | Form (Cash, Check, etc.) |
| 175 S. THIRD STREET | | | | | | | CHECK |
| City | S | tate | Zip Code | М | D | Y | Amount |
| COLUMBUS | _ 0 | H | 43215 | 0 7 | 1 1 | 0 5 | 50.0 |
| Full Name of Contributor | | | | Registra | ation Nu | mber, if I | PAC |
| BENNETT M. MILLER | | | | ĺ | | | |
| Street Address | Employ | /er/Occi | pation/Labor Organization | | | | Form (Cash, Check, etc.) |
| 124 N. SLUMMIT ST. | AT | TORI | VEY | | | | CHECK |
| City | S | tate | Zip Code | М | D | Y | Amount |
| TOLEDO | 0 | H | 43605 | 0 7 | 1 9 | 0 5 | 200.00 |
| Full Name of Contributor | | | | Registra | ation Nu | mber, if i | |
| OH & VCNTY REG. CNCL S. CNTRL (| OFFICE I | PAC | | LA4 | 416 | | |
| Street Address | Employ | er/Occu | pation/Labor Organization | <u> </u> | | | Form (Cash, Check, etc.) |
| 1394 COURTRIGHT ROAD | ĺ | | | | | | CHECK |
| City | St | tate | Zip Code | М | D | ŢΥ | Amount |
| COLUMBUS | 0 | H | 43227 | 0 9 | 3 0 | 0 5 | 500.00 |
| Full Name of Contributor | | | <u> </u> | | | mber, if F | |
| CARPENTERS LOCAL UNION #200 P | CE | | | EN | HTY: | # 1028 | 8 |
| Street Address | Employ | er/Occu | pation/Labor Organization | | | | Form (Cash, Check, etc.) |
| 1545 ALUM CREEK DRIVE | | | | | | | CHECK |
| City | S1 | ate | Zip Code | М | D | Y | Amount |
| COLUMBUS | 0 | Н | 43209 | 0 9 | 3 0 | 0 5 | 500.00 |
| Full Name of Contributor | | | <u></u> | | | mber, if P | |
| AVIS M. RANKIN | | | | | | | |
| Street Address | Employ | er/Occu | pation/Labor Organization | | _ | | Form (Cash, Check, etc.) |
| 2432 WYNCOURTNEY COURT | CANDIDATE'S FAMILY ME | | | MBER | | | CHECK |
| City | | ate | Zip Code | M | D | Y | Amount |
| POWELL | 0 | H | 43065 | 0 9 | 3 0 | 015 | 15,000.00 |
| Full Name of Contributor | | · | | | | nber, if P | |
| JOHN B. ROBERTS | | | | | | | |
| Street Address | Employ | er/Occu | pation/Labor Organization | · | | | Form (Cash, Check, etc.) |
| 175 W. ROYAL FOREST BLVD. | - | | | | | | CHECK |
| City | St | ate | Zip Code | М | D | Υ | Amount |
| COLUMBUS | 0 | Н | 43214 | 110 | 0 5 | 0 5 | 35.00 |
| Full Name of Contributor | | <u> </u> | | | | nber, if P | |
| MARC DANN FOR SENATE COMMIT | TEE | | | | | | |
| Street Address | Employe | er/Occup | pation/Labor Organization | | _ | | Form (Cash, Check, etc.) |
| 4531 BELMONT AVENUE SUITE C | | | - | | | ſ | CHECK |
| City | St | ate | Zip Code | М | D | Υ | Amount |
| YOUNGSTOWN | 0 | Н | 44505 | 110 | 0 5 | 0 5 | 100.00 |
| Full Name of Contributor | | | | | | nber, if P | |
| BRETT A. WARNER | | | | | | | |
| Street Address | Employe | er/Occup | pation/Labor Organization | Щ | | T | Form (Cash, Check, etc.) |
| 120 E. KANAWHA AVENUE | 1 | | - | | | ŀ | CHECK |
| City | Sta | ate | Zip Code | M | D | Y | Amount |
| COLUMBUS | | Н | 43214 | 10 | 0 7 | 0 5 | 20.00 |
| * Required for contributions over \$100 to statewide and generate | _ | | | | | rather th | an employer should be liste |
| If two or more employees contribute via payroll deduction and | | | | | | | an ampleyor should be liste |

If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

| Page | 3 |
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Statement of Contributions Received

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | | · | |
|--|--|----------|---------------------------|----------|--------|---------------|---------|-----------|------------------|------------|
| CITIZENS FOR RANKIN | | | | | | | | | | |
| Full Name of Contributor | | | | Por | nic tr | ation N | lumbai | if | PAC | |
| RICHARD A. CODRAY | | | | 1 | jistre | 2001111 | umber | , ,, | -AC | |
| Street Address | Employ | er/Occu | pation/Labor Organization | | | | | | Form (Cash, Che | ack etc.) |
| 4900 GROVE CITY ROAD | 1 ' " | | IN COUNTY | | | | | | CHECK | .ck, ctc.) |
| City | | ate | Zip Code | TM | | D | 1 | | Amount | |
| GROVE CITY | 0 | Н | 43123 | 1 | 0 | 0 | - 1 | | , unounc | 250.00 |
| Full Name of Contributor | | 1 11 | 4.07.16.40.07 | | | ation N | | | PAC | 200.00 |
| IOE LANDUSKY | | | | | | | | , | | |
| Street Address | Employ | er/Occu | pation/Labor Organization | | | | | | Form (Cash, Che | eck. etc.) |
| 901 S. HIGH STREET | | TORN | | | | | | | CASH | |
| City | St | ate | Zip Code | IN | | D | 1 | 7 | Amount | |
| COLUMBUS | 0 | H | 43206 | 1 | 0 | 010 | 9 0 | 5 | | 100.00 |
| Full Name of Contributor | | | | Reg | istra | ition N | | | PAC | |
| CHRISTINA LANDUSKY | | | | | | | | | | |
| Street Address | Employ | er/Occu | pation/Labor Organization | | | _ | | | Form (Cash, Che | ck, etc.) |
| 1177 ASHLAND AVENUE | 1 | | | | | | | | CASH | |
| City | St | ate | Zip Code | IM | | D | 1 | ′ | Amount | |
| COLUMBUS | 0 | H | 43212 | 1 | 0 | 0 9 | 9 0 | 5 | | 100.00 |
| Full Name of Contributor | | | | Reg | istra | tion N | umber | , if I | PAC | |
| BALAJ MODUR | | | | | | | | | | |
| Street Address | Employer/Occupation/Labor Organization | | | | | | | | Form (Cash, Che | ck, etc.) |
| 500 STONERIDGE CT. | BA | LAJ N | 10DUR INVESTME | NTS | > | | | | CHECK | |
| City | St | ate | Zip Code | М | | D | Y | , | Amount | |
| VALPARAISO | I | N | 46385 | 1 | 0 | 1 1 | t 0 | 5 | İ | 300.00 |
| Full Name of Contributor | | | | Reg | istra | ition N | umber | , if f | AC. | |
| L. MARTIN CORDERO | | | | | | | | | | |
| Street Address | Employe | er/Occu | pation/Labor Organization | | | | | | Form (Cash, Che | ck, etc.) |
| 1565 LONDON DR. | | | | | | | | | CHECK | |
| City LUDDED ADEINOTON | | ate | Zip Code | М | | D | Y | | Amount | |
| UPPER ARLINGTON | 0 | H | 43221 | 1 | 0. | 1 4 | | _ | | 75.00 |
| Full Name of Contributor | 7010 | ama an a | T** | 1 - | | tion N | umber | , if F | 'AC | |
| COLUMBUS FIREFIGHTERS UNION L-6: Street Address | , | | | L | Α8 | 39 | | _ | | |
| | Employe | er/Occup | pation/Labor Organization | | | | | | Form (Cash, Che | ck, etc.) |
| 1380 DUBLIN ROAD | | | Tz- 0. d. | T | | | Т | | CHECK | |
| COLUMBUS | O | ate | Zip Code | M | | D 1 | , Y | | Amount | 500.00 |
| Full Name of Contributor | | Н | 43215 | | | 1 4 | | | | 500.00 |
| W. SCOTT SIMON | | | | Reg | stra | tion N | ımber, | , IT P | AC | |
| Street Address | Employe | r/Occur | pation/Labor Organization | ᆫ | | | | _ | Farm (Cash Cha | -14- \ |
| 37 W. BROAD ST. | 1 | | • | | | | | | Form (Cash, Che | ck, etc.) |
| City | ATTORNEY State Zip Code | | | MDY | | | | _ | CHECK Amount | |
| COLUMBUS | 0 | Н | 43215 | 1 . | | | 1 . | = | Amount | 150.00 |
| Full Name of Contributor | | 11 | 43213 | 1 Peg | 0 | 1 4 | | 5 if B | L | 150.00 |
| FRANKLIN COUNTY DEMOCRATIC LA | WYFE | SPA | C | 1 ~ | | 1164 | ariwei, | . 11 6 | AC | |
| Street Address | | | pation/Labor Organization | | . 1 1. | LIOT | | _ | Form (Cash, Ched | ck etc) |
| 1141 S. HIGH STREET | | | | | | | | | CHECK | J., C.C.) |
| City | Sta | ite | Zip Code | М | _ | D | ΙY | | Amount | |
| COLUMBUS | 0 | Н | 43206 | 1 | 0 | $\frac{1}{1}$ | 1 | 5 | | ,250.00 |
| * Required for contributions over \$100 to statewide and general a | | | | | | | | | | |

Page Total \$

2,725.00

ft two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. R.C. 3517.10(B)(4)

| Page | 4 |
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| age_ | |
| | |

Statement of Contributions Received

| Name of Committee in Full | | - | | |
|---|------------------------|---------------------------------|----------------------------|---------------------------------|
| CITIZENS FOR RANKIN | | | | |
| Full Name of Contributor | | | Decision of the base | |
| PAUL V. DEMING | | | Registration Number, | If PAC |
| Street Address | Ft(O | | | |
| | Empioyer/Od | ccupation/Labor Organization | | Form (Cash, Check, etc.) |
| 886 MIDDLEBURY DRIVE N. | | | | CHECK |
| City | State | Zip Code | M D Y | Amount |
| WORTHINGTON Full Name of Contributor | O F | I 43085 | 1 0 1 7 0 | |
| | | | Registration Number, | if PAC |
| COLETTE A. YATES | | | | |
| Street Address | Employer/Oc | cupation/Labor Organization | | Form (Cash, Check, etc.) |
| 273 WEYDON RD. | | | | CHECK |
| City | State | Zip Code | M D Y | Amount |
| WORTHINGTON | O_E | 43085 | 1 0 1 7 0 | 5 10.00 |
| Full Name of Contributor | | | Registration Number, | if PAC |
| HELEN M. NINOS | | | | |
| Street Address | Employer/Oc | cupation/Labor Organization | | Form (Cash, Check, etc.) |
| 891 DARK STAR AVENUE | | | | CHECK |
| City | State | Zip Code | M D Y | Amount |
| GAHANNA | 0 E | 43230 | 1 0 1 7 0 | 5 50.00 |
| Full Name of Contributor | | | Registration Number, | |
| TRANSFER FROM FORM 31-E | | | | |
| Street Address | Employer/Oc | cupation/Labor Organization | | Form (Cash, Check, etc.) |
| | | | | |
| City | State | Zip Code | M D Y | Amount |
| | | | 0 6 0 1 0 | 1 |
| Full Name of Contributor | | | Registration Number, | |
| TRANSFER FROM FORM 31-E | | | | |
| Street Address | Employer/Oct | cupation/Labor Organization | | Form (Cash, Check, etc.) |
| | , , , , , , , | | | Cash, Check, etc.) |
| City | State | Zip Code | M D Y | Amount |
| | | | 0 6 2 1 0 | 1 |
| Full Name of Contributor | | | Registration Number, | |
| TRANSFER FROM FORM 31-E | | | registration number, | ITAC |
| Street Address | Employer/Occ | cupation/Labor Organization | | Form (Cash, Check, etc.) |
| | | sapation Labor organization | | rom (cash, check, etc.) |
| City | State | Zip Code | M D Y | Amount |
| | J | Zip code | M | |
| Full Name of Contributor | | | | |
| TRANSFER FROM FORM 31-E | | | Registration Number, i | TPAC |
| Street Address | Employer/Occ | upation/Labor Organization | | In., (0. 1. 0) |
| | Linployer/Occ | upation/Labor Organization | | Form (Cash, Check, etc.) |
| City | Ctoto | Tip Code | <u> </u> | |
| , | State | Zip Code | M D Y | Amount |
| Full Name of Contributor | | | 0 8 1 7 0 5 | |
| TRANSFER FROM FORM 31-E | | | Registration Number, i | r PAC |
| Street Address | Emerles /2 | | | |
| A COL MAILESS | Employer/Occ | upation/Labor Organization | | Form (Cash, Check, etc.) |
| City | | - I | | |
| or.y | State | Zip Code | M D Y | Amount |
| | | | 0 8 2 3 0 5 | 1,050.00 |
| Required for contributions over \$100 to statewide and go | eneral assembly candid | ates. If contributor is self-em | ployed, occupation rather | than employer should be listed. |
| If two or more employees contribute via payroll deduction | and exceed the aggreg | gate of \$100, the labor organ | ization of which the emplo | yees are members, if any, must |

Page Total \$ _____5,705.00

| Page |
|------|
|------|

Page Total \$ 9,201.00

Statement of Contributions Received

Prescribed by Secretary of State 2/01

| Full Name of Contributor | | | Registr | ation Nu | mber, if | PAC | |
|--|--|------------------------------|------------|------------|------------|--------------|-----------------|
| TRANSFER FROM FORM 31-E | | | | | | | |
| Street Address | Employer/Oc | cupation/Labor Organization | | | | Form (Cash | n, Check, etc.) |
| City | State | Zip Code | M 0 8 | D 3 1 | Y 0 5 | Amount | 1,966.00 |
| Full Name of Contributor | | <u></u> | | | mber, if | | 1)200.00 |
| TRANSFER FROM FORM 31-E | | | | | | | |
| Street Address | Employer/Oc | cupation/Labor Organization | | | | Form (Cash | n, Check, etc.) |
| City | State | Zip Code | М | D | Y | Amount | |
| | | | 0 9 | 1 3 | 0 5 | | 2,200.00 |
| Full Name of Contributor TRANSCEED EDONALECTED ALCOHOLOGY | | | Registra | ation Nu | mber, if | PAC | |
| TRANSFER FROM FORM 31-E Street Address | Employer/Oc | cupation/Labor Organization | | | | F (O. 1 | 01 1 |
| | Employer/oc | cupation/ Labor Organization | | | | Form (Cash | , Check, etc.) |
| City | State | Zip Code | М | D | Y | Amount | |
| | | | 0 9 | 1 7 | 0 5 | | 580.00 |
| Full Name of Contributor | | | Registra | ation Nu | mber, if I | PAC | |
| TRANSFER FROM FORM 31-E Street Address | Employer/Oc | cupation/Labor Organization | | | | | |
| | Employer/Oct | cupation/Labor Organization | | | | Form (Cash | , Check, etc.) |
| City | State | Zip Code | М | D | Υ | Amount | |
| | | | 0 9 | 2 1 | 0 5 | | 2,250.00 |
| TP A NICEED ED ON A CORNA 23 F | | | Registra | tion Nu | mber, if F | PAC | - |
| TRANSFER FROM FORM 31-E Street Address | Employer/Occ | cupation/Labor Organization | <u> </u> | | _ | Form (Cash | , Check, etc.) |
| | L. Apioyer, oct | Superior, Easor Organization | | | | Form (Cash | , Check, etc.) |
| City | State | Zip Code | М | D | Y | Amount | |
| | | | 1 0 | 1 1 | 0 5 | | 1,805.00 |
| ull Name of Contributor TRANSFER FROM FORM 31-E | | | Registra | ition Nui | nber, if F | PAC | · |
| Street Address | Employer/Occ | cupation/Labor Organization | <u>L</u> | | _ | Form (Cach | , Check, etc.) |
| | | apacion Labor Organización | | | | FOITH (Cash, | , Check, etc.) |
| City | State | Zip Code | М | D | Y | Amount | |
| WILNESS OF COLUMN | | | 1 0 | 2 5 | 0 5 | | 400.00 |
| ull Name of Contributor | | | Registra | tion Nur | nber, if P | PAC | |
| treet Address | Employer/Occupation/Labor Organization | | | | | Form (Cash, | Check, etc.) |
| Dity | State | Zip Code | М | D | Y | Amount | |
| | | | " | j , | , i | Amount | |
| ull Name of Contributor | - | | Registra | tion Nun | nber, if P | AC | |
| treet Address | Employer/Occ | upation/Labor Organization | <u></u> | | | Form (Cash | Check, etc.) |
| | | - | | | | ,, | 2017 |
| ity | State | Zip Code | М | D | Υ | Amount | |
| | | | loyed, occ | | | | |

Name of Committee in Full

Total contributions this event

25.00

| Event Date | 06-01-05 |
|------------|----------|
| Page | lo . |

Page Total \$

25.00

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | - | Registi | ation Nu | ımber, | if PAC |
|--------------|--|--|--|---------------------------------------|--|
| Employer/Oc | ounation /Lohor Organization# | | 1 5 | T 7/ | 1 |
| Linboyer/oc | cupation/Labor Organization | 1 | | | Amount 5 |
| State | Zip Code | | | | |
| O H | 43068 | (| CHEC | K | |
| | | Registr | ation Nu | ımber, | if PAC |
| Employer/Oc | cupation/Labor Organization* | M | l n | TV | Amount |
| 2p.oyen, oe | copation, Labor Organization | | | 1 1 | Amount |
| State | Zip Code | Form(0 | ash,Che | ck,etc) | |
| | | Registr | ation Nu | ımber, i | f PAC |
| Employer/Oct | cupation/Labor Organization* | | T n | T ~ | Tamount |
| | | | | | Amount |
| State | Zip Code | Form(C | ash,Che | ck,etc) | |
| | | Registr | ation Nu | ımber, i | f PAC |
| Employer/Occ | cupation/Labor Organization* | М | П | Тү | Amount |
| | | | Ιī | 1 i | ,c |
| State | Zip Code | Form(C | ash,Che | ck,etc) | |
| | | Registr | ation Nu | mber, i | f PAC |
| Employer/Occ | cupation/Labor Organization* | М | D | Y | Amount |
| State | 7in Code | Form(C | ach Cha | ck atc) | |
| | Zip code |) onnic | asii,Cilci | ck,etc) | |
| | | Registra | ation Nu | mber, i | f PAC |
| Employer/Occ | cupation/Labor Organization* | M | D | ΤΥ | Amount |
| | | I . | l . | | |
| | | | | | |
| State | Zip Code | Form(C | ash,Che | ck,etc) | |
| State | Zip Code | | ash,Cheo | | PAC |
| | | Registra | ation Nu | mber, it | |
| | Zip Code | | | | PAC |
| | Employer/Occ State Employer/Occ State Employer/Occ State Employer/Occ State | Employer/Occupation/Labor Organization* State Zip Code State Zip Code Form(Color Form(Color | State Zip Code Form(Cash,Che CHEC | State Zip Code Form(Cash,Check,etc) Employer/Occupation/Labor Organization* M D Y |

Total expenditures this event

0.00

| | • |
|------------|----------|
| Event Date | 06/21/05 |
| Page | 7 |
| | |

Statement of Contributions Received at a Social or Fundraising Event

| | | Registration Number, if PA | ic |
|----------------|---|--|----------|
| [Fmalausa (Osa | | <u> </u> | |
| 1 ' ' ' | | | Amount |
| State | Zin Code | | 25.00 |
| | · · | | |
| | A 2017 sin | | |
| | | Registration Number, if 1A | C |
| Employer/Occ | cupation/Labor Organization* | MDYA | Amount |
| . 1 1 | | | 100.00 |
| State | Zip Code | | 100.00 |
| - $10 + H$ | 43220 | | |
| | | Registration Number, if PA | <u>-</u> |
| | | | |
| Employer/Occ | upation/Labor Organization* | M D Y A | Amount |
| Attorne | У | 0 6 2 3 0 5 | 125.00 |
| State | Zip Code | Form(Cash,Check,etc) | |
| _ O H | 44081 | CHECK | |
| | | Registration Number, if PA | С |
| | | | |
| Employer/Occ | upation/Labor Organization* | | mount |
| | | | 500.00 |
| 1 | 1 ' | | |
| _ D C | 20005 | | <u></u> |
| | | Registration Number, if PA | С |
| Employer/Occ | unation / shor Organization t | <u> </u> | |
| Linployer/ Occ | upation/ Labor Organization | | mount |
| State | Zin Code | | 50.00 |
| 1 | - I | | |
| | als S _e 2 descriptor of | | |
| | | , g | - |
| Employer/Occ | upation/Labor Organization* | M D Y A | mount |
| State | Zip Code | Form(Cash Check etc) | |
| | | (| |
| | | Registration Number, if PAC | 2 |
| Employer/Occi | upation/Labor Organization* | M D Y A | mount |
| State | 7in Code | Form(Cash Check etc) | |
| State | Lip code | TOTTICCASTI, CHECK, ETC) | |
| | <u></u> | | |
| | Employer/Occ Casa Di State O H Employer/Occ Attorne State O H Employer/Occ State D C Employer/Occ State O H | Employer/Occupation/Labor Organization* Casa Di Citta State Zip Code O H 43220 Employer/Occupation/Labor Organization* Attorney State Zip Code O H 44081 Employer/Occupation/Labor Organization* State Zip Code D C 20005 Employer/Occupation/Labor Organization* State Zip Code O H 43229 Employer/Occupation/Labor Organization* State Zip Code O H 43229 | State |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|----------------------|
| 800.00 | 0.00 | Page Total \$ 800,00 |

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 07-14-05 |
|------------|----------|
| Page | 8 |
| | |

Statement of Contributions Received at a Social or Fundraising Event

| | Prescribed | by Secr | retary of State 02/01 | | | |
|--|---|----------|--------------------------------|-----------------------------|----------------|---------------|
| Name of Committee in Full | | | | | | |
| CITIZENS FOR RANKIN | | | | | | |
| Full Name of Contributor | | | | Registration Number, if | PAC | |
| SHELDON R. SAFKO | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | M D 0 | Amount | | |
| 497 NORTHRIDGE ROAD | _ | | | 0 7 1 3 0 5 | | 10.00 |
| COLUMN DESC | l l | ate | Zip Code | Form(Cash,Check,etc) | | |
| COLUMBUS Full Name of Contributor | 0 | H | 43214 | CHECK | | |
| PATRICIA D. CONLEY | | | | Registration Number, if | PAC | |
| Street Address | Employ | ar/Ocas | pation/Labor Organization* | 1 1 5 1 1 | T | |
| 495 S. HIGH STREET, SUITE 450 | | | E & BLUMENTHAL | M D Y 0 7 1 3 0 5 | Amount | Ø™. (λ./λ. |
| City | | ate | Zip Code | Form(Cash,Check,etc) | | 25.00 |
| COLUMBUS | | l H | 43215 | CHECK | | |
| Full Name of Contributor | | | 3.0.7444.A. D | Registration Number, if | PAC | |
| DANIEL J. MCCAULEY | | | | , and a second received, in | | |
| Street Address | Employe | er/Occu | pation/Labor Organization* | M D Y | Amount | |
| 1911 LANGHAM ROAD | | | | 0 7 1 3 0 5 | | 30.00 |
| City | St | ate | Zip Code | Form(Cash,Check,etc) | | 00.00 |
| COLUMBUS | | H | 43221 | CHECK | | |
| Full Name of Contributor | | | | Registration Number, if | PAC | ·-····· |
| THOMAS M. KARL | | | | | | |
| Street Address | Employer/Occupation/Labor Organization* | | | M D Y | Amount | |
| 475 WESTBURY WOODS CT. | | | | 0 7 1 9 0 5 | | 25.00 |
| City | Sta | | Zip Code | Form(Cash,Check,etc) | | |
| WESTERVILLE Full Name of Contributor | 0 | Н | 43081 | CHECK | | |
| | | | | Registration Number, if | PAC | |
| ROBERT HAVERKAMP Street Address | let. | ′0 | | | | |
| 1869 MARBLECLIFF CROSSING CT. | | | pation/Labor Organization* | M D Y | Amount | -00.00 |
| City | Sta | | ATH COMPANY | 0 7 1 9 0 5 | | 100.00 |
| COLUMBUS | O | H | Zip Code 43204 | Form(Cash,Check,etc) CHECK | | |
| Full Name of Contributor | 10 | 1. 1 | 43204 | Registration Number, if I | 24.0 | |
| JOSHUA B. WOOD | | | | Registration number, if i | AC | |
| Street Address | Employe | r/Occus | pation/Labor Organization* | M D Y | Amount | |
| 102 E. THIRD AVE. | | , | Zasor organization | 0 7 1 9 0 5 | Amount | 35.00 |
| City | Sta | te | Zip Code | Form(Cash,Check,etc) | | 00.00 |
| COLUMBUS | 01 | H | 43201 | CHECK | | |
| ull Name of Contributor | | | · | Registration Number, if I | PAC | |
| CHAD M. MCCOURY | | | | | | |
| Street Address | Employe | r/Occup | pation/Labor Organization* | M D Y | Amount | - |
| 1091 HARRISON AVENUE | | | | 0 7 1 9 0 5 | | 50.00 |
| COLLEGE | Sta | te | Zip Code | Form(Cash,Check,etc) | | |
| COLUMBUS | 0 | H | 43201 | CHECK | | |
| * Required for contributions from individuals over \$100 to stat | ewide and ge | neral as | sembly candidates. If contribu | itor is self-employed, ass | unation rather | than ampleyer |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|----------------------|
| 2,170.00 | 0.00 | Page Total \$275.00_ |

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 07-14-05 |
|------------|----------|
| Page | 9 |

Statement of Contributions Received at a Social or Fundraising Event

| N 10 % 15 # | Frescribed by Seci | retary of State 02/01 | | | |
|---|--------------------|-----------------------------|----------------------------------|----------|--------|
| Name of Committee in Full CITIZENS FOR RANKIN | | | | | |
| Full Name of Contributor | | | Posistration No. | ; if DAC | |
| JAMES R. GILMORE | | | Registration Number | , IT PAC | |
| Street Address | Fmnlover/Occi | upation/Labor Organization* | MIDI | ' Amount | |
| 1089 ESTHER DRIVE | Employer/ Occi | Specion Eabor Organization | 0 7 1 9 0 | | 25.00 |
| City | State | Zip Code | Form(Cash,Check,et | | |
| COLUMBUS | OLH | 43207 | CHECK | | |
| Full Name of Contributor | | | Registration Number | , if PAC | |
| DWIGHT E. GARNER | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y | Amount | |
| 895 BEECH ST. | | | 0 7 1 9 0 | 5 | 25.00 |
| City | State | Zip Code | Form(Cash,Check,et | c) | |
| COLUMBUS | O H | 43206 | CHECK | | |
| Full Name of Contributor | | | Registration Number | , if PAC | |
| DAVID A. RINGER Street Address | Ir. I. in | | | | |
| 417 W. 6TH AVENUE | Employer/Occu | ipation/Labor Organization* | M D Y | | 0.00 |
| City City | State | Zip Code | 0 7 1 9 0 Form(Cash,Check,etc | | 25.00 |
| COLUMBUS | OH | 43201 | CHECK | 3) | |
| Full Name of Contributor | | 3.074.03. | Registration Number | if PAC | _ |
| THOMAS C. LONN | | | Nogistration Namber | , / | |
| Street Address | Employer/Occu | pation/Labor Organization* | MDY | Amount | |
| 833 EASTWIND DR. | | , | 0 7 1 9 0 | | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc | | |
| WESTERVILLE | O H | 43081 | CHECK | | |
| Full Name of Contributor | | | Registration Number | if PAC | |
| NANCY K. WONNELL | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y | | |
| 330 S. HIGH STREET | | I=: 0 | 0 7 1 9 0 | | 50.00 |
| city COLUMBUS | State | Zip Code | Form(Cash,Check,etc | :) | |
| Full Name of Contributor | O H | 43215 | CHECK Registration Number | if DAC | |
| M. SHAWN DINGUS | | | negistration ivumber, | II FAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y | Amount | |
| 1141 S. HIGH STREET | | , 2. gaa. | 0 7 1 9 0 | | 75.00 |
| City | State | Zip Code | Form(Cash,Check,etc | | 7 5.00 |
| COLUMBUS | OH | 43206 | CHECK | | |
| ull Name of Contributor | | · | Registration Number, | if PAC | |
| PATRICK FLEMING | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y | Amount | |
| 2128 POPLAR STREET | | | 0 7 1 9 0 | | 40.00 |
| CRETZ | State | Zip Code | Form(Cash,Check,etc |) | |
| OBETZ | O H | 43207 | CASH | | |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | | |
|--------------------------------|-------------------------------|---------------|--------|
| | | Page Total \$ | 290.00 |
| <u> </u> | | | |

members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 07-14-05 |
|------------|----------|
| Page | 10 |

Statement of Contributions Received at a Social or Fundraising Event

| | | | Registration Number, if PAC | |
|---|---|--|---------------------------------------|---|
| | | | | |
| Employer/Occupation/Labor Organization* | | upation/Labor Organization* | M D Y Amount | |
| | | | 0 7 1 9 0 5 | 25.00 |
| S | tate | Zip Code | Form(Cash,Check,etc) | |
| О | H | 43130 | CASH | |
| | | · · · · · · · · · · · · · · · · · · · | Registration Number, if PAC | |
| | | | | |
| Employ | er/Occi | upation/Labor Organization* | M D Y Amount | |
| | | | | 50.00 |
| Si | tate | Zip Code | | 50.00 |
| 10 | H | 1 ' | | |
| | <u> </u> | 30.000 | | |
| | | | riogistration Hamber, in 1 Ac | |
| Employ | er/Occi | nation/Lahor Organization* | M D V Amount | |
| | | pation, Labor Organization | 1 " " " " | 100.00 |
| - C1 | ate | Zin Codo | | 100.00 |
| | | | | |
| | 1.1 | 43004 | | |
| | | | Registration Number, if PAC | |
| Te | | | | |
| Employer/Occupation/Labor Organization* | | | , , , , , , , , , , , , , , , , , , , | |
| - | | T | | 50.00 |
| 1 | | 1 ' | | |
| Γ | | 43230 | | |
| | | | Registration Number, if PAC | |
| | | | | |
| Employ | er/Occu | pation/Labor Organization* | | |
| | | | | 50.00 |
| St | | Zip Code | Form(Cash,Check,etc) | |
| | H | 43201 | CHECK | |
| | | | Registration Number, if PAC | |
| | | | ŀ | |
| Employe | er/Occu | pation/Labor Organization* | M D Y Amount | |
| | | | 0 7 1 9 0 5 | 25.00 |
| St | ate | Zip Code | Form(Cash,Check,etc) | |
| 10 | Н | 43206 | CHECK | |
| | | | Registration Number, if PAC | |
| | | | | |
| Employe | er/Occu | pation/Labor Organization* | M D Y Amount | * |
| | | • | | 25.00 |
| Sta | ate | Zip Code | Form(Cash,Check,etc) | |
| 0 | H | 43206 | | |
| · · · | | | | |
| | Employ Employ St Employ Employ St C | State H Employer/Occu H Empl | State O H A3130 | $ \begin{array}{c c c c c c c c c c c c c c c c c c c $ |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | | |
|--------------------------------|-------------------------------|---------------|--------|
| | | Page Total \$ | 325.00 |
| | | | |

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Total contributions this event

| Event Date | 07-14-05 |
|------------|----------|
| Page | 11 |

Page Total \$

325.00

Statement of Contributions Received at a Social or Fundraising Event

| | Prescribed by Secr | etary of State 02/01 | | |
|---|---------------------------------------|---------------------------------|--|-----------------|
| Name of Committee in Full CITIZENS FOR RANKIN | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| TERESA A. DAUGHERTY | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 539 WREXHAM AVE. | | | 0 7 1 9 0 5 | 25.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | 0 H | 43223 | CHECK | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| PATRICIA K. FROEHLICH | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 576 MAIN STREET | | | 0 7 1 9 0 5 | 35.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| GROVEPORT | - $+$ $+$ $+$ $+$ | 43125 | CHECK | |
| Full Name of Contributor | | <u> </u> | Registration Number, if PAC | |
| RICHANNE M. ZYMKOSKI | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 2128 POPLAR STREET | 1 ' ' | .IN CO. MUNICIPA | | 115.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 113.00 |
| COLUMBUS | OTH | 43207 | CHECK | |
| Full Name of Contributor | 1 9 1 33 | | Registration Number, if PAC | <u> </u> |
| LYLESAYLOR | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 417 W. 6TH AVENUE | 1 | F | 0 7 1 9 0 5 | 25.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 25.00 |
| COLUMBUS | ОТН | 43201 | CHECK | |
| Full Name of Contributor | | A. S. Chan S. C. A. | Registration Number, if PAC | |
| MARY JO HUDSON | | | negistration Hamber, a CAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 955 DELAWARE AVENUE | | passes anguinzation | 0 7 1 9 0 5 | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 30.00 |
| COLUMBUS | O I H | 43201 | CHECK | |
| Full Name of Contributor | | A.c. Chang C.J. R. | Registration Number, if PAC | |
| IOSEPH L. MAS | | | Registration Number, if I Ac | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 206 HIAWATHA AVENUE | i i i i i i i i i i i i i i i i i i i | pation, Eubor Organization | 0 7 1 9 0 5 | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 30.00 |
| WESTERVILLE | OH | 43081 | CHECK | |
| Full Name of Contributor | | 1.7001 | Registration Number, if PAC | |
| JOHN W. SOWERS | | | Registration Number, II FAC | |
| Street Address | Employer/Occur | pation/Labor Organization* | M D Y Amount | |
| | Linployer/Occu | pation/Labor Organization | | 25.00 |
| 446 STANLEY AVENUE | - Canada | T:- C- 1- | 0 7 1 9 0 5 | 25.00 |
| - | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | O H | 43206 | CHECK | |
| * Required for contributions from individuals over \$100 t | o statewide and general a | ssembly candidates. If contrib | utor is self-employed occupation rather | than employer |
| should be listed. If two or more employees contribute via | | | | |
| members, if any, must appear. [R.C. 3517.10(B)(4)] | payron acadetton and exc | aca the aggregate of \$100, | and labor organization of which the empt | Jyees ale |
| | | | | |
| Fill in the boxes below only on the last page for this even | | | | |
| Transfer the Total contributions for this event to form No | | of Contributor state "Contribut | tions from form No. 21 Ell and list the de | ata of the over |
| in the date column. | o. o / / a onesi i un itallic c | continued state continue | and the da | ACCOLUNC EVEN |
| 001411111 | | | | |

Total expenditures this event

| 07-14-05 |
|----------|
| 12 |
| |

Statement of Contributions Received at a Social or Fundraising Event

| CITIZENS FOR RANKIN | | | | | |
|------------------------------|---------------|-----------------------------|--|--------|----------|
| Full Name of Contributor | | | Registration Number, | if PAC | |
| STEVEN LARSON | | | | | |
| Street Address | I ' | upation/Labor Organization* | M D Y | Amount | |
| 518 N. PARK STREET | ATTORI | | 0 7 1 9 0 | | 100.0 |
| City COLUMBUS | State | Zip Code | Form(Cash,Check,etc) |) | |
| Full Name of Contributor | <u> </u> | 43215 | CHECK | | |
| IEFFREY I. SMITH | | | Registration Number, | if PAC | |
| Street Address | [F | | | | |
| 773 DENNISON AVENUE | Employer/Occi | upation/Labor Organization* | M D Y | Amount | **** |
| City | State | 7:- Code | 0 7 1 9 0 | | 50.00 |
| COLUMBUS | O H | Zip Code 43215 | Form(Cash,Check,etc) | · | |
| Full Name of Contributor | | 40410 | Registration Number, | if DAC | |
| STEPHEN L. MCINTOSH | | | negistration Number, | II PAC | |
| Street Address | Employer/Occi | pation/Labor Organization* | MDY | Amount | |
| 799 NOB HILL DRIVE | ATTORN | | 0 7 1 9 0 | | 100.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | 1.00.00 |
| GAHANNA | OLH | 43230 | CHECK | | |
| Full Name of Contributor | | *C-144C-C) | Registration Number, | if PAC | |
| STEVEN M. SHALLABARGER | | | , and the state of | | |
| Street Address | Employer/Occu | pation/Labor Organization* | MDY | Amount | |
| 948 NEIL AVENUE | 1 ' ' | TATE DEVELOPE | 1 1 1 | | 300.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | 0.00.00 |
| COLUMBUS | OIH | 43201 | CHECK | | |
| Full Name of Contributor | | | Registration Number, | f PAC | <u> </u> |
| MICHAEL G. COUNCIL | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y | Amount | |
| 130 BUTTLES AVENUE | REAL ES | STATE | 0 7 1 9 0 | 5 | 300.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| COLUMBUS | O H | 43215 | CHECK | | |
| ull Name of Contributor | | | Registration Number, i | f PAC | |
| CHARLES B. SHAW | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y | Amount | |
| 1447 CINCINNATI ZANEVILLE RD | | | 0 7 1 9 0 . | | 30.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| LANCASTER | <u> </u> | 43130 | CHECK | | |
| ull Name of Contributor | | | Registration Number, i | f PAC | |
| EARL DUKE FROST | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y | Amount | |
| 131 E. N. BROADWAY ST. | | | | 5 | 25.00 |
| ity COLUMBUS | State | Zip Code | Form(Cash,Check,etc) | | |
| COLUMBUS | O H | 43214 | CHECK | | |
| | | | | | |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | | |
|--------------------------------|-------------------------------|---------------|--------|
| | | Page Total \$ | 905,00 |
| | | | |

| 07-14-05 |
|----------|
| 13 |
| |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| Name of Committee in Full CITIZENS FOR RANKIN | | | | **** | · | | |
|--|----------------------------|---------------------------------|----------------|----------------|-------------------|-------------------|-------------------------|
| Full Name of Contributor | | | Regist | ration Nu | mber, if | PAC | |
| LISA K. ZELLNER | | | | | | | |
| Street Address | Employer/Oc | cupation/Labor Organization* | M | D | Y | Amount | |
| 100 W. CALIFORNIA AVENUE | State | Zip Code | 0 7 | | | | 50.00 |
| COLUMBUS | O | 1 ' | | Cash,Che | | | |
| Full Name of Contributor | | A. C. * Mont C.J. Break | | ration Nu | | PAC | |
| | | | | | | | |
| Street Address | Employer/Oc | cupation/Labor Organization* | М | D | Y | Amount | |
| ity | - Chata | Tin Carla | | | ĻĻ | <u>.</u> | _ |
| acy | State | Zip Code | Form(| Cash,Che | ck,etc) | | |
| ull Name of Contributor | | | Regist | ration Nu | mber, if | PAC | |
| Street Address | - Is | | | | 1 | -y | _ |
| deet Address | Employer/Oc | cupation/Labor Organization* | M | D | Y | Amount | |
| City | State | Zip Code | Form(| Cash,Che | ck.etc) | | |
| | | | ` | • | ,,,,,,, | | |
| ull Name of Contributor | <u> </u> | | Regist | ration Nu | mber, if | PAC | _ |
| treet Address | Employer/Oc | cupation/Labor Organization* | М | D | ΙΥ | Amount | |
| | | , | l ï | | li | , and and | |
| ity | State | Zip Code | Form(| Cash,Che | k,etc) | | |
| ull Name of Contributor | | | Registi | ration Nu | nber, if | PAC | |
| | | | | | | | |
| treet Address | Employer/Occ | cupation/Labor Organization* | М | D | Y | Amount | · |
| ity | State | Zip Code | Farm/(| Cook Char | 1 - 2 - 2 | | |
| -9 | State | Zip Code | romini | Cash,Ched | k,etc) | | |
| ull Name of Contributor | | | Registr | ration Nu | mber, if | PAC | |
| treet Address | Employer/Occ | cupation/Labor Organization* | M | _ <u> </u> | ΙΥ | [Amount | |
| | Linployer/ occ | cupation/ Labor Organization | | D | ' ' | Amount | |
| ity | State | Zip Code | Form(C | L Cash,Chec | k,etc) | | |
| | | | | | | | |
| ull Name of Contributor | | | Registr | ation Nur | nber, if | PAC | |
| treet Address | Employer/Occ | cupation/Labor Organization* | H _M | D | Y | Amount | _ |
| | | | | | | | |
| ty | State | Zip Code | Form(C | Cash,Chec | k,etc) | | |
| | | | <u> </u> | | ., | | |
| Required for contributions from individuals over \$100 | to statewide and general | accombly applied to a If a sub- | h in a | alf | | | |
| nould be listed. If two or more employees contribute vi | a payroll deduction and ex | xceed the aggregate of \$100. | the labor | r organiza | tion of | which the emplo | uian employ wees are |
| embers, if any, must appear. [R.C. 3517.10(B)(4)] | - p-3 | and aggregate at \$100 | , the labor | organiza | 1011 01 | when the emple | yees are |
| I in the boxes below only on the last page for this ever | nt. | | | | | | |
| ransfer the Total contributions for this event to form N | | of Contributor state "Contrib | utions fro | m form N | lo. 31 - F | " and list the da | te of the ev |
| the date column. | | | | | | and not the da | or the ev |
| otal contributions this event | Total expenditures | s this event | | 1 | | · | _ |
| | - otal expellultures | - LIII EVEIIL | | | | | |
| | | į. | | | Page | Total \$ | 50.00 |

| Event Date | 08-17-05 |
|------------|----------|
| Page | 14 |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| Name of Committee in Full | | | | | | | | |
|--|---------------|----------------------|--------------------------------|------------|-----------|------------|----------------|-----------------|
| Name of Committee in Full CITIZENS FOR RANKIN | | | | | | | | |
| Full Name of Contributor | | | | Registr | ation Nu | mher if | PAC | |
| CHUCK DUTTON | | | | nogisti | 40011114 | iniber, ii | TAC | |
| Street Address | Employ | /er/Occi | pation/Labor Organization* | М | D | Υ | Amount | |
| 7099 GAY ROAD | | | • | 018 | 1 8 | 015 | ; [| 25.00 |
| City | S | tate | Zip Code | | Cash,Che | | | |
| GROVE CITY | 0 | H | 43123 | | CASE | ł | | |
| Full Name of Contributor | | | <u> </u> | Registr | ation Nu | mber, if | PAC | |
| DAN AMES | | | | | | | | |
| Street Address | Employ | er/Occi | pation/Labor Organization* | М | D | Y | Amount | |
| 5691 GREAT HALL CT. | | | | 0 8 | 1 8 | 0 5 | .] | 50.00 |
| City | S | tate | Zip Code | Form(C | Cash,Che | ck,etc) | | |
| COLUMBUS | 0 | H | 43231 | | CASE | 1 | | |
| Full Name of Contributor | | | | Registr | ation Nu | mber, if | PAC | |
| STEPHEN P. SAMUELS | | | | | | | | |
| Street Address | | | pation/Labor Organization* | М | D | Y | Amount | |
| 250 WEST STREET | | | ENSTEIN ZOX & D | | 1 8 | | | 225.00 |
| COLUMBUIC | | tate | Zip Code | | Cash,Che | | | |
| COLUMBUS Full Name of Contributor | | H | 43215 | | CHEC | | | |
| | | | | Registr | ation Nu | mber, if | PAC | |
| KAREN A. WINTERS Street Address | <u> </u> | | | ļ | | | | W |
| 2340 OXFORD ROAD | Employ | er/Occu | pation/Labor Organization* | M | D | Y | Amount | man or or |
| City | | | 7:- 0I- | | 1 8 | | | 75.00 |
| COLUMBUS | - 1 | ate | Zip Code | 1 ' | ash,Chec | | | |
| Full Name of Contributor | 10 | H | 43221 | | CHEC | | 240 | |
| MARIA L. MONE | | | | Registra | ation Nu | mber, ir | PAC | |
| Street Address | Employ | or/Occu | pation/Labor Organization* | М | Ιр | ΙΥ | Amount | |
| 2505 WESTMONT BLVD. | Litipioy | er/ Occu | pation/ Labor Organization | | 1 8 | | | 25.00 |
| City | | ate | Zip Code | | ash,Chec | | <u> </u> | 23.00 |
| COLUMBUS | | lΗ | 43221 | | CHEC | | | |
| Full Name of Contributor | | <u> </u> | (A) for " assertion (A) | | ation Nur | | PAC | |
| SUZANNA D. GUSSLER | | | | 3.56. | | | .,,, | |
| Street Address | Employ | er/Occu | pation/Labor Organization* | M | D | Y | Amount | |
| 3893 CRISWELL DR. | | | · | 0 8 | 1 8 | 1 | 1 | 25.00 |
| City | St | ate | Zip Code | | ash,Chec | | | |
| UPPER ARLINGTON | 10 | Н | 43220 | | CHEC | K | | |
| Full Name of Contributor | | | | Registra | ation Nur | nber, if | PAC | |
| JAMES P. JOYCE | | | | | | | | |
| Street Address | Employ | er/Occu _l | pation/Labor Organization* | М | D | Υ | Amount | |
| 1335 DUBLIN ROAD SUITE 100B | HR | GRA | Y & ASSOCIATES | 0 8 | 1 8 | 0 5 | | 500.00 |
| City | St | ate | Zip Code | | ash,Chec | | | |
| COLUMBUS | 0 | H | 43215 | | CHEC | K | | |
| | | | · | | | | | |
| * Required for contributions from individuals over \$100 to st | atewide and d | eneral a | seambly candidates. If contrib | utor ic co | olf-ampla | wad ac | cupation ratha | r than amalawa. |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | | |
|--------------------------------|-------------------------------|---------------|--------|
| 1,575.00 | 0.00 | Page Total \$ | 925.00 |

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 08-17-05 |
|------------|----------|
| Page | is |

Statement of Contributions Received at a Social or Fundraising Event

| | Prescribed | by Se | cretary of State 02/01 | | |
|---|-------------------|--------------|---------------------------------|---|-----------------|
| Name of Committee in Full | | | | | |
| CITIZENS FOR RANKIN | | | | | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| CARLA F. ASHTON Street Address | | | | <u> </u> | |
| | Employ | yer/Occ | cupation/Labor Organization* | M D Y Amount | |
| 190 S. CASSINGHAM ROAD | | | | 0 8 1 8 0 5 | 50.00 |
| BEXLEY | I | tate | Zip Code | Form(Cash,Check,etc) | |
| Full Name of Contributor | O | H | 43209 | CHECK | |
| CHERYL ROBERTO | | | | Registration Number, if PAC | |
| Street Address | Te r | - 10 | | | |
| 1927 TEWKSBURY RD. | I | | upation/Labor Organization* | M D Y Amount | |
| City | | tate | F COLUMBUS | 0 8 1 8 0 5 | 100.00 |
| COLUMBUS | | late - | Zip Code | Form(Cash,Check,etc) | |
| Full Name of Contributor | | 1 1 1 | 43221 | CHECK | |
| MARGARET R. ASHBROOK | | | | Registration Number, if PAC | |
| Street Address | Employ | er/Occ | upation/Labor Organization* | M D Y Amount | |
| 2994 CRESCENT DRIVE | | TIRE. | | 0 8 1 8 0 5 | 100.00 |
| City | | ate | Zip Code | Form(Cash,Check,etc) | 100.00 |
| COLUMBUS | 10 | H | 43204 | CHECK | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| CHRISTOPHER R. SCHRAFF | | | | Transfer, in the | |
| Street Address | Employ | er/Occ | upation/Labor Organization* | M D Y Amount | |
| 1840 WALTHAM ROAD | PO. | RTEF | R WRIGHT MORRIS | | 100.00 |
| City | | ate | Zip Code | Form(Cash,Check,etc) | 100.00 |
| COLUMBUS | | H | 43221 | CHECK | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| BECKY A. WESTERFELT | | | | | |
| Street Address | Employ | er/Occi | upation/Labor Organization* | M D Y Amount | |
| 161 S. BRINKER AVENUE | | | EBERRY HOUSE | 0 8 1 8 0 5 | 100.00 |
| COLLIMBUC | l | ate | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS Full Name of Contributor | | H | 43204 | CHECK | |
| | | | | Registration Number, if PAC | |
| VICKI LEE DEISNER Street Address | | | | | |
| 579 GRANT AVENUE | | | pation/Labor Organization* | M D Y Amount | |
| City CRAINT AVENUE | | | IRONMENTAL COU | | 100.00 |
| COLUMBUS | 1 | ate H | Zip Code | Form(Cash,Check,etc) | |
| Full Name of Contributor | | 11 | 43206 | CHECK | |
| MARTIN SELTZER | | | | Registration Number, if PAC | |
| Street Address | Employe | r/Occu | pation/Labor Organization* | M D Y Amount | |
| 4860 RUSTIC BRIDGE ROAD | | 0000 | pation cubor organization | 0 8 1 8 0 5 | 50.00 |
| City | Sta | ate | Zip Code | Form(Cash,Check,etc) | 50.00 |
| COLUMBUS | | Н | 43214 | CHECK | |
| | | | 1 | SUB-ARIO SURV | |
| * Required for contributions from individuals over \$100 to | Statewide and or | neral a | ssembly candidates. If contains | itor is salf ampleus de le constitue de | |
| should be listed. If two or more employees contribute via p | avroll deduction: | and exc | eed the aggregate of \$100 th | he labor organization of which the | r than employer |
| , , | , | | and aggregate of \$100,0 | no more diganization of which the emp | noyees are |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | | |
|--------------------------------|-------------------------------|---------------|--------|
| | | Page Total \$ | 600.00 |
| | | L | |

members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 08-17-05 |
|------------|----------|
| Page | ile |
| | |

Statement of Contributions Received at a Social or Fundraising Event

| ull Name of Contributor MARILYN J. PERRIN | | | | · | | | | |
|---|---------------------------------------|--------------|------------------------------|--------------|-------------|-----------|--------|-------|
| | ĭ | | | Registra | ation Nu | nber, if | PAC | |
| Street Address | | Employer/Oc | cupation/Labor Organization* | M | D | Y | Amount | |
| 141 WEBSTERR PAR | K AVE. | | | 1 | 1 8 | | | 50.00 |
| City | | State | Zip Code | | ash,Chec | | | |
| COLUMBUS | | _ O F | 43214 | (| CHEC | K | | |
| ull Name of Contributor | | | | Registra | ation Nur | nber, if | PAC | |
| Street Address | | Employer/Oc | cupation/Labor Organization* | Н м | D | ΙΥ | Amount | |
| | | | oupution Lucion Organization | " | | | Amount | |
| City | | State | Zip Code | Form(C | ash,Chec | k,etc) | | |
| | | | | | | | | |
| ull Name of Contributor | | | | Registra | tion Nur | nber, if | PAC | **** |
| Street Address | | Employer/Oc | cupation/Labor Organization* | М | D | Y | Amount | |
| | | | ospanien sees organización | | ĺ | | Amount | |
| City | | State | Zip Code | Form(C | ash,Chec | k,etc) | | |
| | | | | | | | | |
| ull Name of Contributor | | | | Registra | ition Nur | nber, if | PAC | |
| treet Address | · · · · · · · · · · · · · · · · · · · | Employer/Occ | cupation/Labor Organization* | М | D | Y | Amount | |
| | | Linpidyen de | oupation, Eddor Organization | | Ĭ | i | Amount | |
| ity | | State | Zip Code | Form(Ca | ash,Chec | k,etc) | | |
| | | | | | | | | |
| ull Name of Contributor | | | | Registra | tion Nun | nber, if | PAC | |
| treet Address | | Tr | | | | | | |
| rieet Address | | Employer/Oct | cupation/Labor Organization* | M | D | Y | Amount | |
| ity | | State | Zip Code | Form(Ca | sh Chec | k etc) | | |
| | | | | | , | к,осо, | | |
| ull Name of Contributor | | | | Registra | tion Nun | nber, if | PAC | |
| treet Address | | | | 1 | | | | |
| treet Address | | Employer/Occ | cupation/Labor Organization* | M | D | Y | Amount | |
| ity | | State | Zip Code | Form(Ca | ish Chec | k etc) | | |
| • | | | | Jimi(ca | 1311,011001 | ι,στο) | | |
| ull Name of Contributor | · · · · · · · · · · · · · · · · · · · | | | Registra | tion Nun | ber, if I | PAC | |
| | | | | <u> </u> | | | | |
| treet Address | | Employer/Occ | supation/Labor Organization* | M | D | Y | Amount | |
| | | | | | | | | |
| ity | | State | Zip Code | IF/0- | sh,Checl | | 1 | |

| 1 | |
|------------|----------|
| Event Date | 08-23-05 |
| Page | 17 |
| | |

Statement of Contributions Received at a Social or Fundraising Event

| | | etary of State 02/01 | | | |
|---|----------------|-----------------------------|-------------------------|------------|--------|
| Name of Committee in Full CITIZMENIC ECOD DANIELINI | | | | | |
| CITIZXENS FOR RANKIN Full Name of Contributor | • | | la control | | |
| | A DINDEN TOTAL | ric nac | Registration Number, if | PAC | |
| UNITED ASSOC OF JOURNEYMEN & | | | LA1212 | | |
| Street Address | Employer/Occu | ipation/Labor Organization* | M D Y | Amount | |
| 1250 KINNEAR ROAD | | | 0 8 0 8 0 5 | 5 | 100.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| COLUMBUS | OH | 43212 | CHECK | | |
| Full Name of Contributor | | | Registration Number, if | PAC | |
| SANFORD J. COHAN | | | | | |
| Street Address | 1 | pation/Labor Organization* | M D Y | Amount | |
| 2500 CORPORATE EXCHANGE DR. | ATTORN | | 0 8 1 8 0 5 | 5 | 100.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| COLUMBUS | O H | 43231 | CHECK | | |
| Full Name of Contributor | | | Registration Number, if | PAC | |
| MARK K. RUTKUS | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y | Amount | |
| 55 W. OAKLAND AVENUE, APT 2 | | | 0 8 2 4 0 5 | j. | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| COLUMBUS | O H | 43201 | CHECK | | |
| Full Name of Contributor | | | Registration Number, if | PAC | |
| DONALD S. KLCO | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y | Amount | |
| 225 E. NORTH BROADWAY ST. | | | 0 8 2 4 0 5 | · I | 100.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| COLUMBUS | OH | 43214 | CHECK | | |
| Full Name of Contributor | | | Registration Number, if | PAC | |
| RICHARD S. KETCHAM | | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y | Amount | |
| 755 S. HIGH STREET | ATTORN | <u>IEY</u> | 0 8 2 4 0 5 | | 100.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| COLUMBUS | OH | 43215 | CHECK | | |
| Full Name of Contributor | | | Registration Number, if | PAC | |
| JOSEPH L. MAS | | | | | |
| Street Address | Employer/Occup | pation/Labor Organization* | M D Y | Amount | |
| 206 HIAWATHA AVENUE | ATTORN | IEY | 0 8 2 4 0 5 | | 100.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| WESTERVILLE | O H | 43081 | CHECK | | |
| Full Name of Contributor | | | Registration Number, if | PAC | |
| JOSEPH A. GERLING | | | | | |
| Street Address | Employer/Occup | oation/Labor Organization* | M D Y | Amount | |
| 175 S. THIRD STREET | LANE A | LTON & HORST | 0 8 2 4 0 5 | ł | 100.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | | |
| COLUMBUS | $O \mid H$ | 43215 | CHECK | | |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|----------------------|
| | | Page Total \$ 650.00 |
| 1,050.00 | 0.00 | - |

Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| 08-23-05 |
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | 1 rescribed | by sec | retary or state 02/01 | | | | | |
|--|-------------|-----------|------------------------------|------------|--------------------------|-----------|---|---------------------------------------|
| Name of Committee in Full CITIZENS FOR RANKIN | | | | | | • | *************************************** | |
| Full Name of Contributor | | | | Pagic | tration M | umber : | f DAC | |
| BRICKER & ECKLER LLP STATE PAC | | | | OH | tration No | umber, s | FPAC | |
| Street Address | Employ | er/Occi | upation/Labor Organization* | | | TV | TA | |
| 100 S. THIRD ST. | Linploy | CIT OCCI | upacioni Labor Organizacion | - I | D 3 2 4 | Y | Amount | 070.00 |
| City | | tate | Zip Code | | Cash,Che | |) | 250.00 |
| COLUMBUS | | H | 43215 | 1 ' | CHEC | | | |
| Full Name of Contributor | U | 1 1 | "Estable) | | ration No | | F DAC | |
| COLUMBUS/CENTRAL OHIO BUILDI | NG & C | ONS | STRUCTION PAC | LA1 | | imber, i | IPAC | |
| Street Address | | | upation/Labor Organization* | | .∡.ı. t. D | ΙΥ | Amazzak | · · · · · · · · · · · · · · · · · · · |
| 555 E. RICH STREET | Cirploy | cir occi | apation/ cabor Organization | 0 8 | 1 | | Amount | 100.00 |
| City | | ate | Zip Code | | | 1 | | 100.00 |
| COLUMBUS | | I H | 1 ' | | Cash,Che | | | |
| Full Name of Contributor | 10 | 11 | 43215 | | CHEC | | | |
| GARY W. HAMMOND | | | | Regist | ration Nu | ımber, i | PAC | |
| Street Address | Employ | er/Occı | pation/Labor Organization* | М | D | ΙY | Amount | |
| 556 E. TOWN STREET | | | , organization | 0 8 | 1 | | | 50.00 |
| City | St | ate | Zip Code | | Cash,Che | | <u> </u> | 50.00 |
| COLUMBUS | | H | 43215 | | CHEC | | | |
| Full Name of Contributor | U | | T. 7 44. L. 7 | _ | ration Nu | | DAC | |
| | | | | Regist | I a GOTT ING | imber, ii | FAC | |
| Street Address | Employe | er/Occu | pation/Labor Organization* | М | D | Y | Amount | |
| | | | | | | | | |
| City | St | ate | Zip Code | Form(| Cash,Che | ck,etc) | | |
| | | | | | | | | |
| ull Name of Contributor | | | | Registi | ration Nu | mber, if | PAC | |
| Street Address | I | | | | | | | |
| Street Address | Employe | er/Occu | pation/Labor Organization* | М | D | Y | Amount | |
| City | | | T=: 0 1 | | | | | |
| | Sti | ate I | Zip Code | Form((| Cash,Che | ck,etc) | | |
| ull Name of Contributor | | | | Pogistr | ation Nu | mbas if | DAC | |
| | | | | Registi | ation ivu | mber, n | PAC | |
| Street Address | Employe | r/Occu | pation/Labor Organization* | М | D | Y | Amount | |
| | | | • | | 1 1 | | | |
| City | Sta | ate | Zip Code | Form(C | Cash,Chec | ck,etc) | | |
| | | | | | , | | | |
| ull Name of Contributor | t | | • | Registr | ation Nu | mber, if | PAC | |
| | | | | | | | | |
| treet Address | Employe | r/Occup | pation/Labor Organization* | М | D | Y | Amount | |
| | | | | | | | | |
| ity | Sta | ite | Zip Code | Form(C | ash,Chec | k,etc) | | |
| | | | | | | | | |
| | | | | | | | | |
| Required for contributions from individuals over \$100 to statew | vide and ge | eneral as | sembly candidates. If contri | butor is s | elf-emplo | yed, oc | cupation rathe | er than employer |
| hould be listed. If two or more employees contribute via payroll o | deduction a | and exc | eed the aggregate of \$100, | the labor | organiza | ation of | which the em | plovees are |
| nembers, if any, must appear. [R.C. 3517.10(B)(4)] | | | -5 5 | | J | | 0.0 0111 | |
| | | | | | | | | |
| ill in the boxes below only on the last page for this event. | | | | | | | | |
| ransfer the Total contributions for this event to form No. 31-A. | Under Full | Name o | f Contributor state "Contrib | utions fro | m form N | lo. 31-E | " and list the | date of the even |
| the date column. | | | | | | | | |
| | | | | | | | | |
| otal contributions this event | tal expend | litures t | his event | | | | | |
| | | | | | | Page | e Total \$ | 400.00 |
| | | | l | | | | · · | 200100 |

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|---|------------|----------|--|
| | Event Date | 08-31-05 | |
| | Page | 19 | |
| | | | |

Statement of Contributions Received at a Social or Fundraising Event

| | Prescribed by Secr | etary of State 02/01 | | |
|----------------------------|--------------------|--|-------------------------------------|---------------------------------------|
| Name of Committee in Full | | | | |
| CITIZENS FOR RANKIN | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| SI SOKOL Street Address | TE . (0 | | | · · · · · · · · · · · · · · · · · · · |
| | 1 ' ' | ipation/Labor Organization* | M D Y Amount | |
| 2346 FISHINGER ROAD | | ISURANCE CORP. | 0 8 0 1 0 5 | 250.00 |
| COLUMBUS | State | Zip Code 43221 | Form(Cash,Check,etc) | |
| Full Name of Contributor | LOH | 43441 | CHECK | |
| ERIC BECKER | | | Registration Number, if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | ····· |
| 4380 BRAUNTON | Employer/Occu | pation/Labor Organization" | | 27.00 |
| City | State | Zip Code | 0 8 3 1 0 5 Form(Cash,Check,etc) | 25.00 |
| UPPER ARLINGTON | OH | 43220 | CHECK | |
| Full Name of Contributor | | ************************************** | Registration Number, if PAC | |
| SEAN O'NEILL | | | Registration Number, if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| BEST EFFORTS | | pation cabor organization | 0 9 0 1 0 5 | 5.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 5.00 |
| | | | CASH | |
| Full Name of Contributor | | | Registration Number, if PAC | _ |
| KENNETH H. BOWEN | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 106 S. KAVDENY ROAD | | | 0 9 0 1 0 5 | 25.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | O H | 43209 | CASH | |
| Full Name of Contributor | ··· | | Registration Number, if PAC | |
| JASON DAVIS | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 1564 DOLEN AVENUE | | | 0 9 0 1 0 5 | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | O H | 43212 | CASH | |
| Full Name of Contributor | | | Registration Number, if PAC | - |
| NADINE SNIECHOWSKI | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 242 KING AVE. | | | 0 9 0 1 0 5 | 10.00 |
| City COLUMBUS | State | Zip Code | Form(Cash,Check,etc) | |
| Full Name of Contributor | O H | 43212 | CASH | |
| ERIN BYRNE | | | Registration Number, if PAC | |
| Street Address | Employer/Occur | action /Lohan Ouraniantiant | | |
| 1493 ASHLAND AVENUE | Employer/Occu | oation/Labor Organization* | M D Y Amount | # AA |
| City | State | Zip Code | 0 9 0 1 0 5 | 5.00 |
| COLUMBUS | 1 | 43212` | Form(Cash,Check,etc) | |
| COLOIMIDO | O H | 43212 | CASH | |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|----------------------|
| 1,966.00 | 0.00 | Page Total \$ 370.00 |

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 08-31-05 |
|------------|----------|
| Page | 20 |

Statement of Contributions Received at a Social or Fundraising Event

| Name of Committee in Full | | | | |
|---------------------------|----------------|----------------------------|-----------------------------|--------|
| CITIZENS FOR RANKIN | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| BETH FEENEY | | | Registration Number, if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 3546 SMOKEY ROAD | Employer/ occu | pation/ cabor organization | 0 9 0 1 0 5 | 2.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | £u. UU |
| HILLIARD | OH | 43026 | CASH | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| PAT GRAHAM | | | , | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 715 LINDRIDGE DRIVE | | - | 0 9 0 1 0 5 | 10.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| GALLOWAY | O H | 43119 | CASH | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| AKHIM CABEY | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| BEST EFFORTS | | | 0 9 0 1 0 5 | 5.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| F. II. | | | CASH | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| JIM MENTEL Street Address | | | | |
| BEST EFFORTS | Employer/Occuj | pation/Labor Organization* | M D Y Amount | |
| City | State | Tz:- C- 4- | 0 9 0 1 0 5 | 25.00 |
| aty | State | Zip Code | Form(Cash,Check,etc) CASH | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| BRIAN B. BYRNE | | | Registration Number, if FAC | |
| Street Address | Employer/Occur | pation/Labor Organization* | M D Y Amount | |
| 3487 ALFRED COURT | | Jane | 0 9 0 1 0 5 | 30.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 50.00 |
| COLUMBUS | ОІН | 43224 | CHECK | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| EILEEN Y. PALEY | | | | |
| Street Address | Employer/Occup | oation/Labor Organization* | M D Y Amount | |
| 668 BELLAMY PL. | | | 0 9 0 1 0 5 | 40.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | _ O H | 43213 | CHECK | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| TED BARROWS | <u>-</u> | | | |
| Street Address | | pation/Labor Organization* | M D Y Amount | |
| 4834 SARASOTA DRIVE | | IN COUNTY MUNI | | 200.00 |
| City HILLIARD | State | Zip Code | Form(Cash,Check,etc) | |
| LILLALICANA | O H | 43026 | CHECK | |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | | |
|--------------------------------|-------------------------------|---------------|--------|
| | | Page Total \$ | 312.00 |
| | | | |

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 08-31-05 |
|------------|----------|
| Page - | 21 |

Page Total \$

179.00

Statement of Contributions Received at a Social or Fundraising Event

| | Prescribed by Secr | etary of State 02/01 | | |
|--|---|--|---|-------------------------------|
| Name of Committee in Full | | | | |
| CITIZENS FOR RANKIN | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| DAN C. HEADAPOHL | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 1252 HOPE AVE. | | | 0 9 0 1 0 5 | 29.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | $O \mid H$ | 43212 | CHECK | |
| Full Name of Contributor | | <u> </u> | Registration Number, if PAC | |
| KELLEY FINAN | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 1032 PALMER ROAD | | | 0 9 0 1 0 5 | 25.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 40.00 |
| COLUMBUS | OIH | 43212 | CHECK | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| FRIENDS OF MARY LOU | | | ingerialist names, in the | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 209 S. FOURTH AVE., #315 | | , | 0 9 0 1 0 5 | 25.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | ing/sQU - |
| COLUMBUS | оТн | 43215 | CHECK | |
| Full Name of Contributor | | * A. * **** A. *** | Registration Number, if PAC | |
| RICHARD L. HAGGARD | | | regiseation number, in the | |
| Street Address | Employer/Occur | pation/Labor Organization* | M D Y Amount | |
| 936 RIVER RIDGE, P. O. BOX 307275 | | Sacra Land. Organization | 0 9 0 1 0 5 | 25.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 23.00 |
| GAHANNA | OIH | 43230 | CHECK | |
| Full Name of Contributor | | TC/mc/t/ | Registration Number, if PAC | |
| JOHN A. GLEASON | | | Registration Number, II PAC | |
| Street Address | Employer/Occur | pation/Labor Organization* | M D Y Amount | |
| 7405 TOTTENHAM PL. | Limpleyon, occup | oution Eubor Organization | 0 9 0 1 0 5 | 97.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 25.00 |
| NEW ALBANY | OIH | 43054 | CHECK | |
| Full Name of Contributor | | 10001 | Registration Number, if PAC | |
| JODI MAGUE | | | Registration Number, if FAC | |
| Street Address | Employer/Occur | pation/Labor Organization* | M D Y Amount | |
| 1260 E. CHOCTAW DR. | | Janon Labor Organization | 0 9 0 1 0 5 | 25.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 25.00 |
| LONDON | O H | 43140 | CHECK | |
| Full Name of Contributor | | 10,140 | Registration Number, if PAC | |
| VICKI E. LYDEN | | | Registration Number, if PAC | |
| Street Address | Employer/Occur | pation/Labor Organization* | M D Y Amount | |
| 6995 OLD BRIDGE LANE WEST | Linployer/ Occup | ation/ Labor Organization | 1 . 1 . 1 . 1 | 25.00 |
| City | State | Zip Code | | 25.00 |
| DUBLIN | O H | 43016 | Form(Cash,Check,etc) | |
| The second secon | 10 11 | 4.0010 | CHECK | |
| * Required for contributions from individuals over \$100 to sta should be listed. If two or more employees contribute via pay members, if any, must appear. [R.C. 3517.10(B)(4)] | atewide and general as roll deduction and exce | sembly candidates. If contrib eed the aggregate of \$100, | utor is self-employed, occupation rather the labor organization of which the emp | r than employer loyees are |
| Fill in the boxes below only on the last page for this event. Transfer the Total contributions for this event to form No. 31 in the date column. | | | tions from form No. 31-E" and list the d | late of the event |
| Total contributions this event | Total expenditures th | nis event | | |

Total contributions this event

| Event Date | 08-31-05 |
|------------|----------|
| Page | 24 |

Page Total \$

200.00

Statement of Contributions Received at a Social or Fundraising Event

| | Prescribed by | Secretary of | State 02/01 | | | |
|---|---|---|-----------------------|--|------------------|------------------|
| Name of Committee in Full | | | | | | |
| CITIZENS FOR RANKIN | | | | | | |
| Full Name of Contributor | | | | Registration Number, | if PAC | |
| SEAN K. KELLER | | | | | | |
| Street Address | Employer/0 | Occupation/L | abor Organization* | M D Y | Amount | |
| 924 TIMBERMAN ROAD | | • | • | 0 9 0 1 0 | | 25.00 |
| City | State | Zip Coc | le | Form(Cash,Check,etc | | |
| COLUMBUS | 4 . | H | 43212 | CHECK | | |
| Full Name of Contributor | | | | Registration Number, | if PAC | |
| DOROTHY BYRNE | | | | , | | |
| Street Address | Employer/0 | Occupation/L | abor Organization* | MDY | Amount | |
| 3151 GRIGGSVIEW CT. | | • | ŭ | 0 9 0 1 0 | | 25.00 |
| City | State | Zip Cod | le | Form(Cash,Check,etc) | 1 | ance OO |
| COLUMBUS | 101 | H ' | 43221 | CHECK | | |
| Full Name of Contributor | | | | Registration Number, | if PAC | ··· |
| SANDRA A. MURRAY | | | | and the state of t | | 1 |
| Street Address | Employer/0 | Occupation/L | abor Organization* | M D Y | Amount | |
| 2357 ABINGTON ROAD | | | -bo. e.gazatio | 0 9 0 1 0 | | 25.00 |
| City | State | Zip Cod | | Form(Cash,Check,etc) | | <u> </u> |
| UPPER ARLINGTON | | H Prip Coo | 43221 | CHECK | | |
| Full Name of Contributor | | * * | "It C. / Gerster Jr. | Registration Number, | f DAC | _ |
| JOHN T. CONROY | | | | Registration Number, | II FAC | |
| Street Address | Employer/C | Occupation/L: | abor Organization* | M D Y | Amount | |
| 3363 TREMONT ROAD, SUITE 104C | 2.71,610,017 | Joodpa Gorn E | abor organization | 0 9 0 1 0 | 1 | 25.00 |
| City | State | Zip Cod | | Form(Cash,Check,etc) | | 23.00 |
| COLUMBUS | 1 . | H | 43221 | CHECK | | |
| Full Name of Contributor | | <u> </u> | At the desirable of | Registration Number, i | f PAC | |
| JUDITH K. BURCHFIELD | | | | riogistration maniper, i | | ı |
| Street Address | Employer/C | Occupation/La | abor Organization* | MIDIY | Amount | |
| 922 ELLIOTT ST. | ' ' | • | | 0 9 0 1 0 | | 25.00 |
| City | State | Zip Cod | | Form(Cash,Check,etc) | | 2.00 |
| MARBLEHEAD | 1 . | н | 43440 | CHECK | | |
| Full Name of Contributor | | | 10.110 | Registration Number, i | f PAC | |
| DEANNA KEPPLER | | | | , registration realiser, i | ITAC | 1 |
| Street Address | Employer/O | Occupation/La | bor Organization* | MDY | Amount | |
| 465 SOUTH PARKVIEW | | ooupution, Li | .bor organization | 0 9 0 1 0 3 | | 25.00 |
| City | State | Zip Code | 4 | Form(Cash,Check,etc) | | 4.5.00 |
| BEXLEY | | H | 43209 | CHECK | | |
| Full Name of Contributor | | | 10.20 | Registration Number, i | f PAC | _ |
| DENISE PONTIOIUS | | | | , and the state of | | J |
| Street Address | Employer/O | occupation/La | bor Organization* | MDY | Amount | |
| 4132 STELLAR DRIVE | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | 0 9 0 1 0 5 | | 50.00 |
| City | State | Zip Code | | Form(Cash,Check,etc) | , | 30.00 |
| HILLIARD | | H | 43026 | CHECK | | |
| | | · • · · · · · · · · · · · · · · · · · · | 10020 | CHECK | | |
| * Required for contributions from individuals over \$100 to state | wide and manage | | | | | |
| * Required for contributions from individuals over \$100 to state should be listed. If two or more employees contribute via payrol | deduction and | ar assertibly | anuruates. II CONTIIC | the labor erections | ccupation rather | trian employer |
| members, if any, must appear. [R.C. 3517.10(B)(4)] | GEGUCTION AND | evreen nie g | ggregate of \$100, | the labor organization of | wnich the empl | oyees are |
| | | | | | | |
| Fill in the boxes below only on the last page for this event. | | | | | | |
| Transfer the Total contributions for this event to form No. 31-A | Under Eull Man | ne of Contrib | utor ctato "Contaile | itions from f N- 21 | E0 and 8-11-1 | |
| in the date column. | . Onuci Full Nali | ne or contrib | utor State Contribu | auons mom iorm No. 31- | E AND HST THE D | ate or the event |
| | | | | | | |

Total expenditures this event

Total contributions this event

| Event Date | 08-31-05 |
|------------|----------|
| Page | ,23 |
| | |

Page Total \$

Statement of Contributions Received at a Social or Fundraising Event

| | Prescribed by Sec | retary of State 02/01 | | |
|--|---------------------------|---------------------------------------|---|-----------------|
| Name of Committee in Full CITIZENS FOR RANKIN | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| I.B.E.WC.O.P.E. | | | C00027342 | |
| Street Address | Employer/Occi | upation/Labor Organization* | M D Y Amount | |
| 900 SEVENTH STREET, NW | | • | 0 9 0 2 0 5 | 500.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 000.00 |
| WASHINGTON | D C | 20001 | CHECK | |
| Full Name of Contributor | | · · · · · · · · · · · · · · · · · · · | Registration Number, if PAC | _ |
| IRA B. SULLY | | | | |
| Street Address | Employer/Occu | upation/Labor Organization* | M D Y Amount | |
| 844 S. FRONT ST. | | | 0 9 0 1 0 5 | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | O H | 43215 | CHECK | |
| Full Name of Contributor | | | Registration Number, if PAC | <u>-</u> |
| RONALD J. HAGAN | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 693 CITY PARK AV. | | | 0 9 0 1 0 5 | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | O H | 43206 | CHECK | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| EDWIN LEE KIRBY | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 4393 COLERAIN AVENUE | | | 0 9 0 1 0 5 | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | O H | 43214 | CHECK | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| RICHARD WHALEY | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 1831 ROXBURY ROAD | | | 0 9 0 1 0 5 | 50.00 |
| city COLUMBUS | State | Zip Code | Form(Cash,Check,etc) | |
| Full Name of Contributor | O H | 43212 | CHECK | |
| | | | Registration Number, if PAC | |
| DAVID F. PRITCHARD Street Address | | | | |
| | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 1351 W. FIRST AVE. | | 1= | 0 9 0 1 0 5 | 50.00 |
| COLUMBUS | State | Zip Code | Form(Cash,Check,etc) | |
| Full Name of Contributor | O H | 43212 | CHECK | |
| DIANE VANDERVOORT | | | Registration Number, if PAC | |
| Street Address | [F170 | | | |
| 1905 LYTHAM ROAD | Employer/Occup | pation/Labor Organization* | M D Y Amount | |
| City | Cara | 17-0-4 | 0 9 0 9 0 5 | 30.00 |
| COLUMBUS | State | Zip Code | Form(Cash,Check,etc) | |
| COLOIMBOO | <u> </u> | 43220 | CHECK | |
| * Required for contributions from individuals and the second | | | | |
| * Required for contributions from individuals over \$100 to | statewide and general as | ssembly candidates. If contrib | utor is self-employed, occupation rather | than employer |
| should be listed. If two or more employees contribute via members, if any, must appear. [R.C. 3517.10(B)(4)] | payron deduction and exce | eed the aggregate of \$100, | the labor organization of which the emplo | oyees are |
| | | | | |
| fill in the haves below only on the less need for the | | | | |
| fill in the boxes below only on the last page for this event | | 6 Contribute | | |
| ransfer the Total contributions for this event to form No the date column. | . 31-A. Under Full Name o | r Contributor state "Contribu | tions from form No. 31-E" and list the da | ate of the ever |
| n the trace column. | | | | |

Total expenditures this event

| Event Date | 08-31-05 |
|------------|----------|
| Page | 24 |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| Name of Committee in Full | . resumed by s | ecretary or state 02/01 | |
|---|---------------------------|---------------------------------|--|
| CITIZENS FOR RANKIN | | | |
| Full Name of Contributor | | | Registration Number, if PAC |
| ANNE E. DOYLE | | | The state of the s |
| Street Address | Employer/O | ccupation/Labor Organization* | M D Y Amount |
| 6472 TONBRIDGE STREET | BANC | INSURANCE CORP. | 0 9 0 9 0 5 50.0 |
| City | State | Zip Code | Form(Cash,Check,etc) |
| WORTHINGTON | O F | H 43085 | CHECK |
| Full Name of Contributor BALAI MODUR | | | Registration Number, if PAC |
| Street Address | I Empleyer (O | | |
| 500 STONERIDGE COURT | Employer/O | ccupation/Labor Organization* | M D Y Amount |
| City | State | Zip Code | 0 9 0 9 0 5 75.00 Form(Cash,Check,etc) |
| VALPARAISO | III | | CHECK |
| Full Name of Contributor | | | Registration Number, if PAC |
| Street Address | [Fmnlaver/O | | |
| | Employer/Od | cupation/Labor Organization* | M D Y Amount |
| City | State | Zip Code | Form(Cash,Check,etc) |
| ull Name of Contributor | | <u>-</u> | Registration Number, if PAC |
| Street Address | Employer/Oc | cupation/Labor Organization* | M D Y Amount |
| City | State | Zip Code | Form(Cash,Check,etc) |
| | | | |
| ull Name of Contributor | | | Registration Number, if PAC |
| treet Address | Employer/Oc | cupation/Labor Organization* | M D Y Amount |
| lity | State | Zip Code | Form(Cash,Check,etc) |
| ull Name of Contributor | | | Registration Number, if PAC |
| treet Address | Employer/Oc | cupation/Labor Organization* | M D Y Amount |
| it. | | | |
| ity | State | Zip Code | Form(Cash,Check,etc) |
| ull Name of Contributor | | | Registration Number, if PAC |
| treet Address | Employer/Occ | cupation/Labor Organization* | M D Y Amount |
| | 12 | Jupation, Labor Organization | Amount |
| ity | State | Zip Code | Form(Cash,Check,etc) |
| Required for contributions from individuals over \$100 nould be listed. If two or more employees contribute via | to statewide and general | assembly candidates. If contril | outor is self-employed, occupation rather than employe the labor organization of which the employees are |
| embers, if any, must appear. [R.C. 3517.10(B)(4)] | | - | |
| I in the boxes below only on the last page for this ever | | | |
| ansfer the Total contributions for this event to form N the date column. | lo. 31-A. Under Full Name | of Contributor state "Contribu | utions from form No. 31-E" and list the date of the eve |
| otal contributions this event | Total expenditures | s this event | |
| | | | Page Total \$ 125.00 |
| | | | 120.00 |

| Event Date | 09-13-05 |
|------------|----------|
| Page | as |
| | |

Statement of Contributions Received at a Social or Fundraising Event

| V (6) - 1 | Frescribed by Seci | etary of State 02/01 | | | | | |
|---|--------------------|---------------------------------------|-----------|--------------|------------|--------|----------|
| Name of Committee in Full CITIZENS FOR RANKIN | | | | | | | |
| Full Name of Contributor | <u>.</u> | | 1- : | | | | |
| JOHN L. EINSTEIN, IV | | | Registra | ation Nu | mber, if | PAC | |
| Street Address | [Fm=1(O | | 1 | , | T | | |
| 366 E. BROAD ST. | | | M | D | Y | Amount | MM 25 25 |
| City | | E, PATCHEN & MU | | | 0 5 | | 500.00 |
| COLUMBUS | State | Zip Code | Form(C | | | | |
| Full Name of Contributor | O H | 43215 | | THEC | | | |
| BRAD KOFFEL | | | Registra | ation Nu | mber, if | PAC | |
| Street Address | Ir. 1 (0 | | | | | | |
| | l | pation/Labor Organization* | М | D | Y | Amount | |
| 2130 ARLINGTON AVE. | KOFFEL | | | 1 5 | | | 1,000.00 |
| COLUMBUS | State | Zip Code | Form(Ca | | , , | | |
| | O H | 43215 | I . | THEC | | | |
| Full Name of Contributor | | | Registra | ition Nu | mber, if | PAC | |
| PHILIP B. KAUFMAN | | | | | | | |
| Street Address | | pation/Labor Organization* | M | D | Y | Amount | |
| 341 S. THIRD ST., SUITE 300 | ATTORN | | | _ | 0 5 | | 200.00 |
| COLUMBIA | State | Zip Code | Form(Ca | | | | |
| COLUMBUS | <u> O H</u> | 43215 | | HEC | | | |
| Full Name of Contributor | | | Registra | tion Nu | mber, if | PAC | |
| LAWRENCE A. RIEHL | | | | | _ | | |
| Street Address | 1 | pation/Labor Organization* | М | D | Y | Amount | |
| 500 S. FRONT ST., SUITE 200 | | Y RIEHL & ALTER | | | 0 5 | | 100.00 |
| City | State | Zip Code | Form(Ca | | | | |
| COLUMBUS | O H | 43215 | C | HEC | K | | |
| Full Name of Contributor | | | Registra | tion Nur | nber, if I | PAC | |
| E. SCOTT SHAW | | | | | | | |
| Street Address | 1 ' - | pation/Labor Organization* | М | D | Y | Amount | |
| 500 S. FRONT ST., SUITE 130 | ATTORN | IEY | 0 9 | 1 5 | 0 5 | | 100.00 |
| City | State | Zip Code | Form(Ca | | , , | | |
| COLUMBUS | O H | 43215 | (C | HEC | K | | |
| Full Name of Contributor | , 144 | · · · · · · · · · · · · · · · · · · · | Registrat | tion Nur | nber, if I | PAC | |
| STEPHEN L. MCINTOSH | | | | | | | |
| Street Address | Employer/Occup | pation/Labor Organization* | М | D | Υ | Amount | |
| 799 NOB HILL DRIVE, W. | | | 0 9 | 1 5 | 0 5 | | 50.00 |
| City | State | Zip Code | Form(Ca | sh,Chec | k,etc) | | |
| GAHANNA | O H | 43230 | C | HEC. | K | | |
| Full Name of Contributor | | | Registrat | ion Nun | nber, if F | PAC | |
| RICHARD S. KERTCHAM | | | | | | | |
| Street Address | Employer/Occup | pation/Labor Organization* | М | D | Υ | Amount | |
| 755 S. HIGH STREET | | | 0 9 | 1 5 | 0 5 | | 50.00 |
| City | State | Zip Code | Form(Cas | | | | |
| COLUMBUS | $O \mid H$ | 43215 | 1 ~ | HEC | , ' | | |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|---------------|
| 2,200.00 | 0.00 | Page Total \$ |

^{*} Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 09-13-05 |
|------------|-------------------|
| Page | . 2 (p |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| E 11 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | | |
|---|---|----------------------------|-----------------------------|
| Full Name of Contributor | | | Registration Number, if PAC |
| STEVE LARSON | | | |
| Street Address 510 NL DADIZ CEDEUE | Employer/Occu | pation/Labor Organization* | M D Y Amount |
| 518 N. PARK STREET | | Tax o . | 0 9 1 5 0 5 50.0 |
| COLUMBIA | State | Zip Code | Form(Cash,Check,etc) |
| COLUMBUS | O H | 43215 | MONEY ORDER |
| CAROL A MIDECLET | | | Registration Number, if PAC |
| CAROL A. WRIGHT | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount |
| 318 BERGER ALLEY | | Te. 6 . | 0 9 1 5 0 5 |
| COLUMBUS | State | Zip Code 43205 | Form(Cash,Check,etc) |
| ull Name of Contributor | <u> </u> | 43200 | CHECK |
| HARRY R. REINHART | | | Registration Number, if PAC |
| Street Address | Employer/Occur | nation // -b Oitit | |
| 400 S. FIFTH ST., SUITE 202 | Employer/Occu | pation/Labor Organization* | M D Y Amount |
| 200 3. PIF 11 1 31., SUITE 202 | State | 7in Code | 0 9 1 5 0 5 |
| COLUMBUS | | Zip Code | Form(Cash,Check,etc) |
| Full Name of Contributor | O H | 43215 | CHECK |
| SI SOKOL | | | Registration Number, if PAC |
| Street Address | [F | | |
| 2346 FISHINGER ROAD | Employer/Occu | pation/Labor Organization* | M D Y Amount |
| 2546 FISHINGER ROAD | | Tin Code | 0 9 1 5 0 5 50.0 |
| COLUMBUS | State | Zip Code 43220 | Form(Cash,Check,etc) |
| ull Name of Contributor | <u> </u> | 43220 | CASH |
| un Name of Contributor | | | Registration Number, if PAC |
| Street Address | Employer/Occur | pation/Labor Organization* | M D Y Amount |
| 5.7001 / Mai 633 | Employer/ Occu | pation/Labor Organization" | M D Y Amount |
| City | State | Zip Code | Form(Cash,Check,etc) |
| , | State | Zip Code | rom(Cash,Check,etc) |
| ull Name of Contributor | | | Registration Number, if PAC |
| | | | Registration Number, if PAC |
| Street Address | Employer/Occur | pation/Labor Organization* | M D Y Amount |
| | Zployer, decap | oution, cabor organization | Amount |
| City | State | Zip Code | Form(Cash,Check,etc) |
| • | J | Zip code | Torric Cash, Check, etc.) |
| ull Name of Contributor | | | Registration Number, if PAC |
| | | | |
| treet Address | Employer/Occur | pation/Labor Organization* | M D Y Amount |
| | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | |
| | | Zin Codo | Form(Cash,Check,etc) |
| lity | State | Zip Code | |

| Event Date | 09-17-05 |
|------------|----------|
| Page | 37 |

Statement of Contributions Received at a Social or Fundraising Event

| Name of Committee in Full | Trescribed by Sec | retary of State 02/01 | | |
|-----------------------------|---|--------------------------------|-----------------------------|-------|
| CITIZENS FOR RANKIN | | | | |
| Full Name of Contributor | | | | |
| SARA E. ERNEST | | | Registration Number, if PAC | |
| Street Address | Employer/Occ | motion / ob an Our animation t | M D Y Amount | |
| 271 S. CHAMPION AVE. | Employer/Occupation/Labor Organization* | | - I mount | 20.00 |
| City | State | Zip Code | 0 9 2 7 0 5 | 20.00 |
| COLUMBUS | | 43205 | Form(Cash,Check,etc) | |
| Full Name of Contributor | O H | 43203 | CHECK | |
| RUSSELL GOODWIN | | | Registration Number, if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 103 E. FIRST AVE. | Employer/Occi | ipation/Labor Organization | - I manife | 20.00 |
| City | State | Zip Code | | 20.00 |
| COLUMBUS | | [' | Form(Cash,Check,etc) | |
| Full Name of Contributor | TOTH | 43201 | CHECK | |
| DWIGHT E. GARNER | | | Registration Number, if PAC | |
| Street Address | Tr | | | |
| 895 BEECH ST. | Employer/Occi | pation/Labor Organization* | M D Y Amount | |
| City | Chaha | Zin Code | 0 9 2 7 0 5 | 40.00 |
| COLUMBUS | State | Zip Code 43206 | Form(Cash,Check,etc) | |
| Full Name of Contributor | OH | 43206 | CHECK | |
| CATHLEEN A. JOHNSTON | | | Registration Number, if PAC | |
| Street Address | Empleyer/Occu | pation/Labor Organization* | | |
| 809 BEECH ST. | Employer/Occu | pation/Labor Organization* | M D Y Amount | 20.00 |
| City | State | Zip Code | 0 9 2 7 0 5 | 20.00 |
| COLUMBUS | O H | 43206 | Form(Cash,Check,etc) | |
| Full Name of Contributor | | 43200 | CHECK | |
| COMMITTEE FOR EMILY KREIDER | | | Registration Number, if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | | |
| 11 TRIESTA PLACE | Employer/Occu | pation/Labor Organization | M D Y Amount | 20.00 |
| City | State | Zip Code | 0 9 2 7 0 5 | 20.00 |
| WESTERVILLE | OH | 43081 | Form(Cash,Check,etc) CHECK | |
| Full Name of Contributor | | 4,300.1 | Registration Number, if PAC | |
| JOHN J. MANNING | | | Registration Number, if PAC | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 204 REINHARD AVE. | Employer/ occu | pation/ Labor Organization | 0 9 2 7 0 5 | 20.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 20.00 |
| COLUMBUS | OLH | 43206 | CHECK | |
| Full Name of Contributor | | 13200 | Registration Number, if PAC | |
| LINDA A. WELCH | | | Registration Number, II PAC | |
| Street Address | Employer/Occur | pation/Labor Organization* | M D Y Amount | |
| 75 EBNER ST. | 2 | Sussem Capor Organization | 0 9 2 7 0 5 Amount | E0.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 50.00 |
| COLUMBUS | O H | 43206 | CHECK | |
| | | 4.0400 | CIICCN | |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|---------------------|
| 580.00 | 0.00 | Page Total \$190.00 |

Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, occupation rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

Total contributions this event

| Event Date | 09-17-05 |
|------------|----------|
| Page – | 28 |

Page Total \$

390.00

Statement of Contributions Received at a Social or Fundraising Event

| Name of Committee in Full | Prescribed by Sec | retary of State 02/01 | | |
|--|--|---|--|-------|
| CITIZENS FOR RANKIN | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| SCOTT I. VARNER | | | registration Number, if the | |
| Street Address | Employer/Occ | upation/Labor Organization* | M D Y Amount | |
| 1002 HUNTER AVE. | Employen occ | apation, Easter Organization | | 50.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 30.00 |
| COLUMBUS | O I H | 43201 | CHECK | |
| Full Name of Contributor | 101., | A.C. 144-10 J. | Registration Number, if PAC | _ |
| KAREN L. GUNDERMAN | | | negistration varioer, it is ac | |
| Street Address | Employer/Occi | upation/Labor Organization* | M D Y Amount | |
| 792 S. WASHINGTON AVE. | | AND VOLUNTEER | 1 | 00.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 30.00 |
| COLUMBUS | LOIH | 43206 | CHECK | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| LYNN A. GREER | | | | |
| Street Address | Employer/Occi | upation/Labor Organization* | M D Y Amount | |
| 1200 CHAMBERS RD., SUITE 410 | GREER | FOUNDATION | | 00.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 70.00 |
| COLUMBUS | OLH | 43212 | CHECK | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| DON DEATERIA | | | , | |
| Street Address | Employer/Occu | upation/Labor Organization* | M D Y Amount | |
| 901 BEECH ST. | | • | 0 9 2 7 0 5 | 20.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | $O \mid H$ | 43206 | CASH | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| ED LEONARD | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| | | | lototatatata - e | 20.00 |
| 4025 BERRYBUSH DRIVE | | | 0 9 2 7 0 5 | 20.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 20.00 |
| city COLUMBUS | | Zip Code 43230 | Form(Cash,Check,etc) CASH | 20.00 |
| City COLUMBUS Full Name of Contributor | State | 1 ' | Form(Cash,Check,etc) | 20.00 |
| City COLUMBUS Full Name of Contributor JOHN SOWERS | State O H | 43230 | Form(Cash,Check,etc) CASH Registration Number, if PAC | 20.00 |
| City COLUMBUS Full Name of Contributor JOHN SOWERS Street Address | State O H | 43230 spation/Labor Organization* | Form(Cash,Check,etc) CASH Registration Number, if PAC M D Y Amount | |
| City COLUMBUS Full Name of Contributor JOHN SOWERS Street Address 446 STANLEY | State O H Employer/Occu MORTG | 43230 pation/Labor Organization* AGE BROKER | Form(Cash, Check, etc) | 00.00 |
| City COLUMBUS Full Name of Contributor JOHN SOWERS Street Address 446 STANLEY City | State O H Employer/Occu MORTG State | 43230 pation/Labor Organization* AGE BROKER Zip Code | | |
| City COLUMBUS Full Name of Contributor JOHN SOWERS Street Address 446 STANLEY City COLUMBUS | State O H Employer/Occu MORTG | 43230 pation/Labor Organization* AGE BROKER | | |
| City COLUMBUS Full Name of Contributor JOHN SOWERS Street Address 446 STANLEY City COLUMBUS | State O H Employer/Occu MORTG State | 43230 pation/Labor Organization* AGE BROKER Zip Code | | |
| City COLUMBUS Full Name of Contributor JOHN SOWERS Street Address 446 STANLEY City COLUMBUS Full Name of Contributor | State O H Employer/Occu MORTG State O H | 43230 AGE BROKER Zip Code 43206 | Form(Cash,Check,etc) $CASH$ Registration Number, if PAC M D Y Amount $0 \mid 9 \mid 2 \mid 7 \mid 0 \mid 5$ Form(Cash,Check,etc) $CASH$ Registration Number, if PAC | |
| City COLUMBUS Full Name of Contributor JOHN SOWERS Street Address 446 STANLEY City | State O H Employer/Occu MORTG State O H | 43230 pation/Labor Organization* AGE BROKER Zip Code | | |
| City COLUMBUS Full Name of Contributor JOHN SOWERS Street Address 446 STANLEY City COLUMBUS Full Name of Contributor | State O H Employer/Occu MORTG State O H | 43230 AGE BROKER Zip Code 43206 | Form(Cash,Check,etc) $CASH$ Registration Number, if PAC M D Y Amount $0 \mid 9 \mid 2 \mid 7 \mid 0 \mid 5$ Form(Cash,Check,etc) $CASH$ Registration Number, if PAC | |

Total expenditures this event

| Event Date | 09-21-05 |
|------------|----------|
| Page | 29 |

Statement of Contributions Received at a Social or Fundraising Event

| | Prescribed by Secr | etary of State 02/01 | | | |
|--|---|----------------------------|-------------------|-----------------|-------------|
| Name of Committee in Full | | | | | |
| CITIZENS FOR RANKIN | | | | | |
| Full Name of Contributor | | | Registration N | umber, if PAC | |
| GEORGE ISAAC | | | | | |
| Street Address | f ' | pation/Labor Organization* | M D | Y Amount | |
| 715 E. PERRY STREET | ISAAC C | | | 3 0 5 | 100.00 |
| City | State | Zip Code | Form(Cash,Ch | | |
| BRYAN | <u> </u> | 43506 | CHE | | |
| Full Name of Contributor | TEATST CONT | CHEST TOLLOW A TONA A | Registration N | umber, if PAC | |
| VORYS SATER SEYMOUR AND PEAS Street Address | | | OH 109 | | |
| | Employer/Occu | pation/Labor Organization* | M D | Y Amount | 000.50 |
| 52 E. GAY STREET, PO BOX 1008 City | | T-1 - 1 | | 3 0 5 | 800.00 |
| COLUMBUS | State | Zip Code | Form(Cash,Ch | | |
| Full Name of Contributor | O H | 43215 | CHE | | |
| | | | Registration N | umber, if PAC | |
| KINSLEY F. NYCE | | | <u> </u> | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D | Y Amount | |
| 550 E. WALNUT ST. | | Т Т | 1 0 0 7 | | 50.00 |
| City COLUMBUS | State | Zip Code | Form(Cash,Che | | |
| Full Name of Contributor | O H | 43215 | CHEC | | |
| | | | Registration N | umber, if PAC | |
| RICHANNE M. ZYMKOSKI Street Address | [F | | , - | T v T. | |
| 2128 POPLAR ST. | | pation/Labor Organization* | M D | Y Amount | 400.00 |
| City | State | IN COUNTY MUN Zip Code | | | 100.00 |
| COLUMBUS | OLH | 43207 | Form(Cash,Che | | |
| Full Name of Contributor | 10111 | 43207 | Registration N | | |
| ROBERT D. HEAD | | | Registration in | umber, ii PAC | |
| Street Address | Employer/Occur | pation/Labor Organization* | M D | Y Amount | |
| 3280 RIVERSIDE DR. STE 20 | Limpioyer/ Occu | pation/Labor Organization | 1 0 0 7 | I | 777.00 |
| City | State | Zip Code | Form(Cash,Che | | 75.00 |
| COLUMBUS | O I H | 43215 | CHEC | | |
| Full Name of Contributor | 10111 | #3213 | Registration No | | |
| LORIE L. MCCAUGHAN | | | negistration in | Jilibel, II FAC | |
| Street Address | Employer/Occur | pation/Labor Organization* | MID | Y Amount | |
| 5492 RED BANK ROAD | 2pioyar, cocu | padoin Labor Organization | 110 017 | | 50.00 |
| City | State | Zip Code | Form(Cash,Che | | 50.00 |
| GALENA | $O \perp H$ | 43021 | CHEC | | |
| Full Name of Contributor | | A.C. Calaba | Registration Nu | | |
| MARK A. SERROTT | | | lugio a delon ric | | |
| Street Address | Employer/Occur | pation/Labor Organization* | M D | Y Amount | |
| 789 NORTHWEST BLVD. | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | 1 0 0 7 | | 75.00 |
| City | State | Zip Code | Form(Cash,Che | | 75.00 |
| - | 1 | , | | | |
| COLUMBUS | $I \circ I H$ | l 43212 | CHEC | `K | |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|------------------------|
| 2,250.00 | 0.00 | Page Total \$ 1,250.00 |
| | | L |

should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 09-21-05 |
|------------|----------|
| Page | 30 |

Statement of Contributions Received at a Social or Fundraising Event

| | Prescribed by Secr | etary of State 02/01 | | |
|--|---------------------|--|--|---|
| Name of Committee in Full | | | | *************************************** |
| CITIZENS FOR RANKIN | | | | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| TOKI M. CLARK | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 233 S. HIGH ST. | | | 1 0 0 7 0 5 | 75.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | O H | 43215 | CHECK | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| CHRISTOPHER J. MINNILLO | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 1500 W. THIRD AVE. SUITE 400 | | | 1 0 0 7 0 5 | 75.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | <u> </u> | 43212 | CHECK | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| E. SCOTT SHAW | | | | |
| Street Address | Employer/Occu | pation/Labor Organization* | M D Y Amount | |
| 500 S. FRONT ST. SUITE 130 | | | 1 0 0 7 0 5 | 75.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | O H | 43215 | CHECK | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| RICHARD S. KETCHAM | | | | |
| Street Address | Employer/Occup | oation/Labor Organization* | M D Y Amount | |
| 755 S. HIGH ST. | | • | 1 0 0 7 0 5 | 75.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 73.00 |
| COLUMBUS | OLH | 43215 | CHECK | |
| Full Name of Contributor | | | Registration Number, if PAC | |
| KEVIN DURKIN | | | Neglectation Manibol, II 1710 | |
| Street Address | Employer/Occur | pation/Labor Organization* | M D Y Amount | |
| 471 E. BROAD ST SUITE 1100 | ' ' | | The state of the s | 75.00 |
| City | State | Zip Code | Form(Cash,Check,etc) | 75.00 |
| COLUMBUS | $O \mid H$ | 43215 | CHECK | |
| Full Name of Contributor | | 1 | Registration Number, if PAC | |
| DONALD C. SCHUMACHER | | | registration Hamber, if the | |
| Street Address | Employer/Occur | pation/Labor Organization* | M D Y Amount | |
| 755 S. HIGH STREET | | acioni Eubor Organizacion | | ~~ oo |
| City | State | Zip Code | | 75.00 |
| COLUMBUS | O H | 43215 | Form(Cash,Check,etc) | |
| Full Name of Contributor | 10 11 | 40410 | CHECK | |
| | | | Registration Number, if PAC | |
| | | | | |
| JON TYACK | Is made to a 10 and | | | |
| JON TYACK Street Address | Employer/Occup | ation/Labor Organization* | M D Y Amount | |
| JON TYACK Street Address 536 S. HIGH ST. | | | 1 0 0 7 0 5 | 75.00 |
| JON TYACK Street Address | | ation/Labor Organization* Zip Code 43215 | | 75.00 |

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | ! | |
|--------------------------------|-------------------------------|---------------|--------|
| | | Page Total \$ | 525.00 |
| | | | |

| Event Date | 09-21-05 |
|------------|----------|
| Page | 31 |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| CITIZENS FOR RANKIN | | | | | | | | |
|-----------------------------|----------------|-------|----------------------------|----------------|-----------|-------------|----------|--------|
| Full Name of Contributor | | | | Regist | ration Nu | ımber, if | PAC | |
| JAMIE TYACK | | | | | | , | | |
| Street Address | Employer, | Occup | pation/Labor Organization* | М | D | Υ | Amount | |
| 536 S. HIGH ST. | | | Ť | 1110 | 0 2 | | | 75.00 |
| City | State | е | Zip Code | | Cash,Che | | | ,0,00 |
| COLUMBUS | 0 + | H | 43215 | | CHEC | CK | | |
| Full Name of Contributor | | | | | ration Nu | | PAC | |
| JOSEPH E. SCOTT | | | | | | , | | |
| Street Address | Employer/ | Occup | pation/Labor Organization* | М | D | ΙΥ | Amount | |
| 35 E. LIVINGSTON AVE. | | | · | 1110 | 0 7 | | | 75.00 |
| City | State | | Zip Code | | Cash,Che | | | 70.00 |
| COLUMBUS | 101 | Н | 43215 | | CHEC | | | |
| Full Name of Contributor | | | | | ation Nu | | PAC | |
| TERRENCE R. HEFFERNAN | | | | 1.09.54 | | | ,,,,, | |
| Street Address | Employer/ | Оссиг | pation/Labor Organization* | M | T D | ΤΥ | Amount | |
| 175 S. THIRD ST., 9TH FLOOI | | | acion, Euror Organizacion | | 0 7 | 1 | • | 75.00 |
| City | State | | Zip Code | | Cash,Che | | | 75.00 |
| COLUMBUS | | Н | 43215 | | | | | |
| ull Name of Contributor | | 11 | 43413 | | CHEC | | | |
| | | | | Registi | ation Nu | mber, if | PAC | |
| JIM KOZELEK | | | | | | | | |
| Street Address | 1 | | ation/Labor Organization* | М | D | Υ | Amount | |
| 215 E. BEECHWOLD | | | ENS HOSPITAL | | 0 7 | | | 150.00 |
| COLUMN TRUE | State | | Zip Code | | ash,Che | | | |
| COLUMBUS | 0 | H | 43215 | | CHEC | | | |
| ull Name of Contributor | | | | Registr | ation Nu | mber, if | PAC | |
| RICHARD DODSON, JR | | | | | | | | |
| Street Address | | | ation/Labor Organization* | М | D | Y | Amount | 7.7.4 |
| 962 FRANKLIN AVE. | ALLI | PRO | ALUM. CYLINDE: | 1 0 | 0 7 | 0 5 | l | 100.00 |
| City | State | | Zip Code | Form(C | ash,Che | ck,etc) | | |
| COLUMBUS | 0 | H | 43205 | | CASE | ŀ | | |
| ull Name of Contributor | | | | Registr | ation Nu | mber, if | PAC | |
| Street Address | - Franks ver / | 00000 | ation (Labor Organization | <u> </u> | | T v | | |
| racet Address | Employer | occup | ation/Labor Organization* | М | D | Y | Amount | |
| City | | | | 1_1_ | | <u> </u> | <u> </u> | |
| oity . | State | | Zip Code | Form(C | ash,Che | ck,etc) | | |
| ull Nome of Contribute | | | | | | | | |
| ull Name of Contributor | | | | Registr | ation Nu | mber, if | PAC | |
| | | Occur | ation/Labor Organization* | T _M | D | | Amount | |
| treet Address | Employer/ | | | | | ΙY | | |
| treet Address | Employer/ | occup | acion/ Labor Organizacion | 1 | 1 | Y | Amount | |
| treet Address ity | Employer/ | | Zip Code | | ash,Chec | | Amount | |

| Event Date | 10/11/05 |
|------------|----------|
| Page | 32 |

Statement of Contributions Received at a Social or Fundraising Event

| | rrescribed | by sec | retary of State 02/01 | | |
|---|-------------------|----------------|-----------------------------|-----------------------------|--------|
| Name of Committee in Full | | | | | |
| CITIZENS FOR RANKIN | | | | | |
| Full Name of Contributor | **** | A servicence . | | Registration Number, if PAC | |
| BRICKER & ECKLER LLP STATE POLI Street Address | | | | OH821 | |
| 100 S. THIRD ST. | Employ | er/Occi | upation/Labor Organization* | M D Y Amount | |
| City | | | T-: | 1 0 1 1 0 5 | 500.00 |
| COLUMBUS | | ate H | Zip Code 43215 | Form(Cash,Check,etc) | |
| Full Name of Contributor | 10 | 1.1 | 43413 | CHECK | |
| BRUCE W. DOOLEY | | | | Registration Number, if PAC | |
| Street Address | Employ | er/Occi | pation/Labor Organization* | M D Y Amount | |
| 252 W. 5TH AVE. | | 0.7 0000 | pation, Edoor Organization | 1 0 1 1 0 5 | 75.00 |
| City | St | ate | Zip Code | Form(Cash,Check,etc) | 75.00 |
| COLUMBUS | - 0 | H | 43215 | CHECK | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| BILL R. HEDRICK | | | | | |
| Street Address | Employe | er/Occu | pation/Labor Organization* | M D Y Amount | |
| 838 THURBER DRIVE WEST, APT 22 | | | | 1 0 1 2 0 5 | 35.00 |
| City | Sta | ate | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | 0 | H | 43215 | CHECK | |
| Full Name of Contributor | | | | Registration Number, if PAC | |
| STEPHEN L. MCINTOSH | | | | | |
| Street Address | Employe | er/Occu | pation/Labor Organization* | M D Y Amount | *** |
| 799 NOB HILL DR. W | | | | 1 0 1 2 0 5 | 35.00 |
| GAHANNA | I . | ate | Zip Code | Form(Cash,Check,etc) | |
| Full Name of Contributor | 0 | H | 43230 | CHECK | |
| IO E. KAISER | | | | Registration Number, if PAC | |
| Street Address | Employe | r/Occu | pation/Labor Organization* | M D Y Amount | |
| 2103 SCENIC DR. | Litipioye | ii / Occu | pation/Labor Organization" | M D Y Amount 1 0 1 2 0 5 | 25.00 |
| City | Sta | ate | Zip Code | Form(Cash,Check,etc) | 35.00 |
| LANCASTER | 0 | Н | 43130 | CHECK | |
| Full Name of Contributor | | | 1 200 | Registration Number, if PAC | |
| EILEEN Y. PALEY | | | | , , , , , , , | |
| Street Address | Employe | r/Occu | pation/Labor Organization* | M D Y Amount | |
| 668 BELLAMY PL. | | | | 1 0 1 2 0 5 | 50.00 |
| City | Sta | ite | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | | H | 43213 | CHECK | |
| ull Name of Contributor | | | | Registration Number, if PAC | |
| RICHARD W. BURRY | | | | | |
| Street Address | Employe | r/Occup | oation/Labor Organization* | M D Y Amount | *** |
| 2242 TREMONT RD. | | | T** | 1 0 1 2 0 5 | 50.00 |
| COLUMBIC | Sta | | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | \perp 0 \perp | Н | 1 43221 | CHECK | |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | | |
|--------------------------------|-------------------------------|---------------|--------|
| 1,805.00 | 0.00 | Page Total \$ | 780.00 |

should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

| Event Date | 10/11/05 |
|------------|----------|
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Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| | | Registra | ation No | ımber, i | PAC | |
|---------------------------------------|--|--|----------|----------|--------|-------------|
| | | | | | | |
| Employer/Occ | upation/Labor Organization* | М | D | Y | Amount | |
| — Гоніо <i>ѕ</i> | TATE UNIV. | 1110 | ľ | | | 100.00 |
| State | Zip Code | | | | | 100.00 |
| $O \mid H$ | 43209 | 1 ' | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | PAC | |
| | | | | | | |
| Employer/Occi | upation/Labor Organization* | M | Гр | ΤΥ | Amount | |
| MODER | N EXTERIORS | 1110 | 1 | 1 | | 150.00 |
| State | Zip Code | | | _ L L | | 100.00 |
| OIH | 43017 | | | | | |
| | | | | | PAC | |
| | | | | | | |
| Employer/Occu | ipation/Labor Organization* | М | D | ΤΥ | Amount | |
| SOUIRE | SANDERS & DEME | 9110 | ı | 015 | | 200.00 |
| State | Zip Code | | | | | 200.00 |
| IOIH | 43235 | | | | | |
| - 100 | | | | | PAC | |
| | | " | | , | | |
| Employer/Occu | pation/Labor Organization* | М | D | ΙΥ | Amount | |
| | | 9110 | | 015 | | 200.00 |
| State | Zip Code | | | | | 200.00 |
| $O \mid H$ | 43214 | 1 c | HEC | K | | |
| | | | | | PAC | |
| | | | | · | | |
| Employer/Occu | pation/Labor Organization* | М | D | ΙΥ | Amount | |
| BANCIN | SURANCE CORP. | 1110 | 112 | 015 | | 200.00 |
| State | Zip Code | | | | | 2.00.00 |
| OIH | 43221 | | | | | |
| | **** | | | | PAC | |
| | | , , , , | | , | | |
| Employer/Occu | pation/Labor Organization* | м | D | ΙΥ | Amount | |
| | | | | l | • | 50.00 |
| State | Zip Code | | | | | 30.00 |
| $O \mid H$ | 43215 | | | | | |
| | <u></u> | | | | PAC | |
| | | ł · | | | | |
| | | Į. | | | | |
| Employer/Occu | pation/Labor Organization* | М | D | Y | Amount | |
| Employer/Occup | pation/Labor Organization* | | | | Amount | 35.00 |
| Employer/Occu | pation/Labor Organization* | | 1 4 | 0 5 | Amount | 35.00 |
| | Employer/Occu SQUIRE State O H Employer/Occu SQUIRE State O H Employer/Occu SQUIRE State O H Employer/Occu SQUIRE O H Employer/Occu SANCIN State O H | Employer/Occupation/Labor Organization* MODERN EXTERIORS State Zip Code O H 43017 Employer/Occupation/Labor Organization* SQUIRE SANDERS & DEMF State Zip Code O H 43235 Employer/Occupation/Labor Organization* SQUIRE SANDERS & DEMP State Zip Code O H 43214 Employer/Occupation/Labor Organization* BANCINSURANCE CORP. State Zip Code O H 43221 Employer/Occupation/Labor Organization* State Zip Code O H 43221 | State | State | State | State |

| Event Date | 10-11-05 |
|------------|----------|
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| 1 | |

Statement of Contributions Received at a Social or Fundraising Event

Prescribed by Secretary of State 02/01

| Name of Committee in Full | | | | | | | |
|--|----------------------------------|-----------------------------|------------------|---|---------------|---|---------------|
| CITIZENS FOR RANKIN | | | | | | | |
| Full Name of Contributor | | | Regist | ration N | ımber, it | PAC | |
| DIANE VANDERVOORT | | | | | | | |
| Street Address | Employer/Od | cupation/Labor Organizat | F | D | Y | Amount | |
| 1905 LYTHAM ROAD | | | | | 0 5 | 5 | 40.00 |
| COLUMBEC | State | Zip Code | | Cash,Che | | | |
| COLUMBUS | O F | H 43220 | | CHE | | | |
| Full Name of Contributor KENNETH J. GRIFFITHS | | | Regist | ration N | ımber, if | PAC | |
| Street Address | Jr | | | | т | | |
| 1115 NEIL AVENUE | Employer/Od | cupation/Labor Organizat | | D | Y | Amount | ma 00 |
| City | State | Zip Code | | 2 C Cash,Che | |) | 50.00 |
| COLUMBUS | OLF | · ' | 1 ' | CHE(| ,, | | |
| Full Name of Contributor | 0 1 | 1 43201 | | | ımber, if | 240 | |
| | | | Registi | ation Ne | imber, ir | PAC | |
| Street Address | Employer/Oc | cupation/Labor Organizati | ion* M | D | ΙΥ | Amount | |
| | | vapation, Easter Organizati | | | ' | Amount | |
| City | State | Zip Code | Form((| l l Cash,Che | ck etc) | | |
| | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | cn,ctc) | | |
| Full Name of Contributor | | | Registr | ation Nu | mber, if | PAC | |
| | | | | | | | |
| Street Address | Employer/Oc | cupation/Labor Organizati | ion* M | D | ΙΥ | Amount | |
| | | | | | | | |
| City | State | Zip Code | Form(C | ash,Che | ck,etc) | | |
| | | | | | | | |
| Full Name of Contributor | | | Registr | ation Nu | mber, if | PAC | |
| | | | | | | | |
| Street Address | Employer/Oc | cupation/Labor Organizati | ion* M | D | Y | Amount | |
| | | | | | | į | |
| City | State | Zip Code | Form(C | ash,Che | ck,etc) | | |
| | | | | | | | |
| Full Name of Contributor | | | Registr | ation Nu | mber, if | PAC | |
| | | | | | | | |
| Street Address | Employer/Oct | cupation/Labor Organizati | on* M | D | Y | Amount | |
| Na. | | | | | | | |
| ity | State | Zip Code | Form(C | ash,Che | ck,etc) | | |
| ull Name of Contributor | | | | | | | |
| un Name of Contributor | | | Registra | ation Nu | mber, if | PAC | |
| treet Address | Employer/One | unotion (Lohor Organizati | + | | T | | |
| | Employer/Occ | cupation/Labor Organization | on* M | D | Y | Amount | |
| ity | Ctata | Tin Code | | | | | |
| ••• | State | Zip Code | Form(C | ash,Ched | ck,etc) | | |
| | | | | | | | |
| Required for contributions from individuals over | r \$100 to statewide and general | assembly candidates. If or | antributar ia a | .le | | | |
| hould be listed. If two or more employees contri | bute via payroll deduction and e | reed the aggregate of \$ | 100 the labor | organiza - | yeu, oc | cupation rather ti | nan employer |
| nembers, if any, must appear. [R.C. 3517.10(B) | | -cood the aggregate of \$ | TOO, THE MIDO! | organiza | ation of | willen the employ | rees are |
| , | / C - // a | | | | | | |
| ill in the boxes below only on the last page for t | his event. | | | | | | |
| ransfer the Total contributions for this event to | | of Contributor state "Cor | ntributions from | n form t | lo. 31-F | " and list the date | e of the even |
| the date column. | | | | | | and list the date | o or the even |
| | | • | | | | | |
| otal contributions this event | Total expenditures | this event | | | | | |
| | | | | | Page | Total \$ | 90.00 |
| | | 1 | | | ľ | *************************************** | |

| Event Date | 10-25-05 |
|------------|----------|
| Page | 35 |
| | |

Statement of Contributions Received at a Social or Fundraising Event

| | Prescribed | by Sec | retary of State 02/01 | | | | | |
|---|------------------|-----------------------------|--------------------------------|-----------------------------|--|----------------------|----------------|---------------|
| Name of Committee in Full | | | | | | | ··· | |
| CITIZENS FOR RANKIN | | | | | | | | |
| Full Name of Contributor | Registi | Registration Number, if PAC | | | | | | |
| JAMES V. MANIACE | | | | | | | | |
| Street Address | 4 | | upation/Labor Organization* | М | D | Y | Amount | |
| 155 W. MAIN ST., #605 City | | | R WILLCOX & SAX | | | 0 5 | 5 | 100.00 |
| COLUMBUS | | tate | Zip Code | Form(0 | | | | |
| Full Name of Contributor | 0 11 10210 | | | | | | | |
| MICHAEL T. GUNNER | | | | Registr | ation Nu | ımber, if | PAC | |
| Street Address | Employ | or/Oos | motion (Labor Oitit | | | 1 | 1. | |
| 3535 FISHINGER ROAD, #220 | Employ | er/Occi | pation/Labor Organization* | M | D | Y | Amount | W (2 |
| City | | tate | 7in Code | 1 0 | 1 | 0 5 | | 50.00 |
| COLUMBUS | 0, | iate H | Zip Code 43215 | | Cash,Che | | | |
| Full Name of Contributor | | 11 | 43213 | | CHEC | | 1 | |
| JANET GRUBB | | | | Registr | ation Nu | ımber, if | PAC | |
| Street Address | Employ | er/Occi | pation/Labor Organization* | М | D | ΙΥ | TA | |
| 4062 GEORGESVILLE RD. | Employ | er/ Occi | ipation/Labor Organization | 1 0 | 1 . | | Amount | 50.00 |
| City | Sı | ate | Zip Code | | ash,Che | | | 50.00 |
| GROVE CITY | | H | 43123 | | CHEC | | | |
| Full Name of Contributor | C 1. | | | | | | | <u> </u> |
| JAMES B. FEIBEL | | | | July | | mber, if | | |
| Street Address | Employ | er/Occu | pation/Labor Organization* | М | D | Тү | Amount | |
| 88 E. BROAD ST., SUITE 900 | L L | NEY | 110 | 211 | 0 5 | | 100.00 | |
| City | St | ate | Zip Code | | ash,Che | | | 200.00 |
| COLUMBUS | | H | 43215 | (| CHEC | K | | |
| Full Name of Contributor | | | <u> </u> | Registra | ation Nu | mber, if | PAC | |
| PAMELA E. HYKES O'GRADY | | | | | | | | |
| Street Address | Employe | er/Occu | pation/Labor Organization* | М | D | Y | Amount | |
| 3682 RIDGEWOOD DRIVE | | | | 1 0 | 2 1 | 0 5 | | 100.00 |
| City | St | ate | Zip Code | Form(C | ash,Ched | ck,etc) | | |
| HILLIARD | 0 | H | 43026 | | HEC | K | | |
| Full Name of Contributor | | | | Registration Number, if PAC | | | | |
| Street Address | | | | | , | | | |
| Street Address | Employe | er/Occu | pation/Labor Organization* | M | D | Y | Amount | |
| City | | | Tii . | | <u>. </u> | | | |
| Sity | St | ate | Zip Code | Form(Cash,Check,etc) | | | | |
| ull Name of Contributor | | | | | | | | |
| an reality of contributor | | | | Registra | ition Nui | mber, if I | PAC | |
| Street Address | Employe | er/Occur | pation/Labor Organization* | М | D | | Amaurit | |
| | Linploye | occuj | vacion/ cabor organization* | M | טן | Y | Amount | |
| City | Sta | Zip Code | Form(Cr | ash,Ched | k ata) | | | |
| | | | | , ornica | aan,chec | .K, C (C) | | |
| | | | | | | | | |
| * Required for contributions from individuals over \$100 to | statewide and ge | eneral as | ssembly candidates. If contrib | utor is se | lf-emplo | ved. occ | upation rather | r than employ |

Fill in the boxes below only on the last page for this event.

Transfer the Total contributions for this event to form No. 31-A. Under Full Name of Contributor state "Contributions from Form No. 31-E" and list the date of the event in the date column.

| Total contributions this event | Total expenditures this event | |
|--------------------------------|-------------------------------|---------------------|
| 400.00 | 0.00 | Page Total \$400.00 |

should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must appear. [R.C. 3517.10(B)(4)]

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Statement of Other Income

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | |
|-------------------------------|--------------------|----------|-------------------------------|--------|
| CITIZENS FOR RANKIN | | | | |
| Full Name | | | Registration Number, if PAC | |
| TIME WARNER CABLE | | | inegistration Number, if I Ac | |
| Address | Type* | | M D Y Amount | |
| 7800 CRESCENT EXECUTIVE DRIVE | $R \mid E$ | | 0 8 1 8 0 5 | 402.61 |
| City | State | Zip Code | Form(Cash,Check,etc) | 402.01 |
| CHARLOTTE | NIC | 28217 | CHECK | |
| Full Name | | | Registration Number, if PAC | |
| BANK ONE | | | | |
| Address | Type* | | M D Y Amount | |
| 833 S. HIGH STREET | IIN | | 0 7 0 7 0 5 | 1.41 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | \perp 0 \mid H | 43215 | INTEREST | |
| Full Name | | | Registration Number, if PAC | |
| BANK ONE | | | | |
| Address | Type* | | M D Y Amount | |
| 833 S. HIGH STREET | IN | | 0 8 0 4 0 5 | 1.77 |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| COLUMBUS | 0 H | 43215 | INTEREST | |
| Full Name | | | Registration Number, if PAC | |
| BANK ONE Address | | | | |
| | Type* | | M D Y Amount | |
| 833 S. HIGH STREET | IN | | 0 9 0 7 0 5 | 3.04 |
| COLUMBUS | State | Zip Code | Form(Cash,Check,etc) | |
| Full Name | 0 H | 43215 | INTEREST | |
| BANK ONE | | | Registration Number, if PAC | |
| Address | Type* | | M D Y Amount | |
| 833 S. HIGH STREET | I N | | 1 0 0 6 0 5 | 2.81 |
| City | State | Zip Code | Form(Cash,Check,etc) | 2.01 |
| COLUMBUS | ОН | 43215 | INTEREST | |
| Full Name | | | Registration Number, if PAC | |
| | | | | |
| Address | Type* | | M D Y Amount | |
| | 1 | | | |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| | | | | |
| Full Name | | | Registration Number, if PAC | |
| | | | | |
| Address | Type* | | M D Y Amount | |
| Cia | | | | |
| City | State | Zip Code | Form(Cash,Check,etc) | |
| Full Name | <u> </u> | <u> </u> | | |
| i dii Hario | | | Registration Number, if PAC | |
| Address | Tymat | | 4 1 5 1 2 1 | |
| , issue 555 | Type* | | M D Y Amount | |
| City | Stata | Zin Code | Form (Cook Chook etc.) | |
| | State | Zip Code | Form(Cash,Check,etc) | |
| | | <u> </u> | | |

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, place the letters IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

Page Total \$ 411.64

Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | | |
|---------------------------------|------------|--|-----------------------|----------|--|--|--|--|--|
| CITIZENS FOR RANKIN | | | | | | | | | |
| To Whom Paid | | | M D Y Amount | | | | | | |
| J.W. CLEARLY PROMOTIONAL PRODUC | CTS | | 0 6 1 3 0 5 | 102.70 | | | | | |
| Address | Purpose | | V U X U U U | 102.70 | | | | | |
| 1511 NORTHWEST BLVD. | T-SHIR | TS | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| COLUMBUS | OLB | ' | 180 | | | | | | |
| To Whom Paid | | 1 10 30 4 40 | M D Y Amount | | | | | | |
| WCCA | | | 0 6 1 3 0 5 | | | | | | |
| Address | Purpose | | 0 0 1 3 0 3 | 50.00 | | | | | |
| 4519 ST. ANN LANE | L | EHALL JULY 4TH PAI | DATAE | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| WHITEHALL | OH | 1 ' | 181 | | | | | | |
| To Whom Paid | | I TJAJU | | | | | | | |
| ROTARY CLUB OF WESTERVILLE | | | M D Y Amount | =0.00 | | | | | |
| Address | Purpose | | 0 6 1 3 0 5 | 50.00 | | | | | |
| POST OFFICE BOX 1200 | , , | DAZII I TERITORAZ AMERITA | A TEATING | | | | | | |
| City | | RVILLE JULY 4TH PA | | | | | | | |
| WESTERVILLE | State | Zip Code | Check Number | | | | | | |
| To Whom Paid | O H | 43081 | 182 | | | | | | |
| | manna z | | M D Y Amount | | | | | | |
| FRANKLIN COUNTY DEMOCRATIC PAI | | | 0 6 1 6 0 5 | 200.00 | | | | | |
| | Purpose | ************************************** | | | | | | | |
| 271 EAST STATE STREET City | | RIBUTION | | | | | | | |
| - | State | Zip Code | Check Number | | | | | | |
| COLUMBUS To Whom Paid | O H | 43215 | 183 | | | | | | |
| | | | M D Y Amount | | | | | | |
| CAPITOL SQUARE PRINTING | | | 0 8 0 4 0 5 | 19.12 | | | | | |
| Address | Purpose | | | | | | | | |
| 59 E. GAY STREET | | GSTAMPS | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| COLUMBUS | O H | 43215 | 184 | | | | | | |
| To Whom Paid | | | M D Y Amount | | | | | | |
| ZACH MASON | | | 0 8 1 5 0 5 | 500.00 | | | | | |
| Address | Purpose | | | | | | | | |
| 2121 ASCHINGER BLVD. | CONSU | LTING | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| COLUMBUS | $O \mid H$ | 43212 | 185 | | | | | | |
| To Whom Paid | | | M D Y Amount | | | | | | |
| CANAL WINCHESTER LABOR DAY FEST | ΓΙVAL CC | OMMITTEE | 0 8 3 0 0 5 | 45.00 | | | | | |
| | Purpose | | | | | | | | |
| PO BOX 514 | PARAD | E ENTRANCE FEE | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| CANAL WINCHESTER | $O \mid H$ | 43110 | 186 | | | | | | |
| To Whom Paid | | | M D Y Amount | | | | | | |
| CLEAR CHANNEL | | | 0 9 0 8 0 5 | 3,920.00 | | | | | |
| | Purpose | | 0 2 0 0 0 0 | 0,720.00 | | | | | |
| 770 HARRISON DRIVE | • | OR ADVERTISING | | | | | | | |
| City | State | Zip Code | Check Number | | | | | | |
| COLUMBUS | 0 H | | 187 | | | | | | |

Page Total \$ 4,886.82

| Page 38 | |
|---------|--|
|---------|--|

Statement of Expenditures

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | |
|---------------------------|---------|----------|--|--|----------------|---------|---|-----------|
| CITIZENS FOR RANKIN | | | | | | | | |
| To Whom Paid | | | | М | D | Y | Amount | |
| ZACH MASON | | | | 0/9 | 1 2 | 0 5 | l | 18.45 |
| Address | Purpose | | | | | 1 3 1 3 | | |
| 2121 ASCHINGER BLVD. | REIMI | 311 | RSE-CELL PHONE OV | TERAC | Œ | | | |
| City | State | ,,,, | Zip Code | Check N | | | | Í |
| COLUMBUS | | Н | 43212 | CHECK | 188 | | | |
| To Whom Paid | | i i | ************************************** | 14 | | - V | A | |
| ZACH MASON | | | | М | D | Y | Amount | m 0 0 0 0 |
| Address | 15 | | | 0 9 | 1 2 | 0 5 | | 500.00 |
| | Purpose | e one | Programming of Service | | | | | |
| 2121 ASCHINGER BLVD. | CONS | UL. | | | | | | |
| COLUMNIC | State | | Zip Code | Check N | | | | |
| COLUMBUS | 0 | H | 43212 | | 189 | | | |
| To Whom Paid | | | | М | D | Y | Amount | |
| CLEAR CHANNEL | | | | 0 9 | 1 3 | 0 5 | | 2,500.00 |
| Address | Purpose | | | | | | • | |
| 770 HARRISON | OUTD | 00 | OR ADVERTISING | | | | | |
| City | State | | Zip Code | Check N | lumber | | | |
| COLUMBUD | -101 | 1 | 43204 | | 190 | | | |
| To Whom Paid | | | | М | D | Y | Amount | |
| CLEAR CHANNEL | | | | | 1 5 | | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1,500.00 |
| Address | Purpose | | | 0 7 | 1 3 | 0 3 | <u>L.,</u> | 1,500.00 |
| 770 HARRISON | | α | OR ADVERTISING | | | | | |
| City | State | | Zip Code | Check N | li i ma la a a | | | |
| COLUMBUS | | Ŧ | 43204 | CHECKIN | | | | |
| To Whom Paid | | | 43204 | | 191 | | | |
| | | | | M | D | Υ | Amount | |
| ZACH MASON Address | | | | 1 0 | 0 3 | 0 5 | <u> </u> | 500,00 |
| | Purpose | | | | | | | |
| 2121 ASCHINGER BLVD. | CONS | | | | | | | |
| City | State | | Zip Code | Check N | | | | |
| COLUMBUS | OI | I | 43212 | <u> </u> | 192 | | | |
| To Whom Paid | | | | М | D | Υ | Amount | |
| THE BRUNNER FIRM CO., LPA | | | | 1 0 | 0 5 | 0 5 | | 2,400.00 |
| Address | Purpose | | | | | | | |
| 545 E. TOWN STREET | RECO | RD | KEEPING AND CONS | ULTIN | 1G | | | |
| City | State | | Zip Code | Check N | | | | |
| COLUMBUS | -101 | Ŧ | 43215 | | 193 | | | |
| To Whom Paid | | | | М | D | Υ | Amount | |
| VICKI LYDEN | | | | | 0 5 | 1 | | 6.66 |
| Address | Purpose | | | I O | 0 3 | 0 3 | | 0.00 |
| 6995 OLD BRIDGE LANE W. | | ш | RSE-POSTAGE | | | | | |
| City | State | | Zip Code | Charl N | | | | |
| DUBLIN | | | • | Check N | | | | |
| To Whom Paid | I O | 1 | 43016 | | 194 | | | |
| | | | | М | D | Υ | Amount | |
| ZACH MASON | | | | 1 0 | 1 2 | 0 5 | | 136.35 |
| Address | Purpose | | | | | | | |
| 2121 ASCHINGER BLVD. | REIMB | Uŀ | RSE-CELL PHONE OV | ERAGI | E | | | |
| City | State | | Zip Code | Check No | umber | | | |
| COLUMBUS | OIF | I | 43212 | | 195 | | | |
| | | _ | | | | | | |

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

| Name of Committee in Full | | | | | | | | |
|---------------------------|-------------------|-------------------------------|--|-------------------|--|--|--|--|
| CITIZENS FOR RANKIN | | | | | | | | |
| Full Name of Contributor | Employer, Occ | upation, Labor Organization * | Registration Number, i | f PAC | | | | |
| MIKE R. RANKIN | | • | | | | | | |
| Street Address | Description of | Item or Service | M D Y | Fair Market Value | | | | |
| 2432 WYNCOURTNEY COURT | , | GNETIC TAPE | 0 6 2 0 0 1 | | | | | |
| City | State | Zip Code | Received at Fundraisin | | | | | |
| POWELL | ОН | 43065 | YES | y Event | | | | |
| Full Name of Contributor | | upation, Labor Organization * | | | | | | |
| MIKE R. RANKIN | | | , and the state of | TAC | | | | |
| Street Address | Description of | Item or Service | M D Y | Fair Market Value | | | | |
| 2432 WYNCOURTNEY COURT | | T-SHIRTS | 0 6 2 3 0 5 | | | | | |
| City | State | Zip Code | Received at Fundraising | | | | | |
| POWELL | OH | 43065 | YES | No | | | | |
| Full Name of Contributor | Employer, Occi | upation, Labor Organization * | Registration Number, it | | | | | |
| BILL HEDRICK | | | , | TAC | | | | |
| Street Address | Description of | Item or Service | MIDIY | Fair Market Value | | | | |
| 838 THURBER DRIVE WEST | 4 | POSTAGE | 0 6 3 0 0 5 | | | | | |
| City | State | Zip Code | Received at Fundraising | | | | | |
| COLUMBUS | OH | 43201 | VES NO | | | | | |
| Full Name of Contributor | Employer, Occu | pation, Labor Organization * | Registration Number, if | | | | | |
| BILL HEDRICK | | • | , | 17.0 | | | | |
| Street Address | Description of I | tem or Service | MDY | Fair Market Value | | | | |
| 838 THURBER DRIVE WEST | | D, BEVERAGES | 0 7 1 4 0 5 | | | | | |
| City | State | Zip Code | Received at Fundraising | | | | | |
| COLUMBUS | ОН | 43201 | YES | , LVOIIL | | | | |
| Full Name of Contributor | Employer, Occu | pation, Labor Organization * | Registration Number, if | | | | | |
| MIKE R. RANKIN | | • | | | | | | |
| Street Address | Description of I | tem or Service | MDY | Fair Market Value | | | | |
| 2432 WYNCOURTNEY COURT | | POSTAGE | 0 8 0 3 0 5 | | | | | |
| City | State | Zip Code | Received at Fundraising | | | | | |
| POWELL | OH | 43065 | res | No | | | | |
| Full Name of Contributor | Employer, Occu | pation, Labor Organization * | Registration Number, if | | | | | |
| MIKE R. RANKIN | | · - | | ,,,, | | | | |
| Street Address | Description of It | tem or Service | M D Y | Fair Market Value | | | | |
| 2432 WYNCOURTNEY COURT | Y | ARD SIGNS | 0 8 1 9 0 5 | | | | | |
| City | State | Zip Code | Received at Fundraising | | | | | |
| POWELL | O H | 43065 | res | No | | | | |
| Full Name of Contributor | Employer, Occu | pation, Labor Organization * | Registration Number, if | PAC | | | | |
| MIKE R. RANKIN | | | | | | | | |
| Street Address | Description of It | | M D Y | Fair Market Value | | | | |
| 2432 WYNCOURTNEY COURT | 1 | POSTAGE | 0 9 2 6 0 5 | | | | | |
| City | State | Zip Code | Received at Fundraising | | | | | |
| POWELL | O H | 43065 | /ES | No | | | | |
| Full Name of Contributor | Employer, Occup | oation, Labor Organization * | Registration Number, if | PAC | | | | |
| MIKE R. RANKIN | | İ | | | | | | |
| Street Address | Description of It | em or Service | M D Y | Fair Market Value | | | | |
| 2432 WYNCOURTNEY COURT | I | POSTAGE | 1 0 0 3 0 5 | 925.00 | | | | |
| City | State | Zip Code | Received at Fundraising | | | | | |
| POWELL | О Н | 43065 | res | No | | | | |

Page Total \$ 2,986.83

^{*} Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupaton rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

In-Kind Contributions Received

Prescribed by Secretary of State 2/01

| Name of Committee in Full | ······································ | | | | | | | | |
|---|--|--|--|-----------|----------------|----------------|--------|--|--|
| Name of Committee in Full CITIZENS FOR RANKIN | | | | | | | | | |
| Full Name of Contributor | Employer Occ | unation Labor Outside t | Decistration Number 16 DAG | | | | | | |
| SAIA & PIATT, PLL | Employer, Occ | upation, Labor Organization * | Registration Number, if PAC | | | | | | |
| Street Address | Description of | Item or Service | М | D | TY | Fair Market V | /alue | | |
| 713 S. FRONT STREET | 1 ' | IVITATIONS | 0 9 | | | l l | 46.50 | | |
| City | State | Zip Code | Received at Fundraising Event? | | | | | | |
| COLUMBUS | ОН | 43215 | YES NO | | | | | | |
| Full Name of Contributor | Employer, Occ | upation, Labor Organization * | Registration Number, if PAC | | | | | | |
| SAIA & PIATT, PLL | | • | | | | | | | |
| Street Address | Description of | Item or Service | М | D | Y | Fair Market V | 'alue | | |
| 713 S. FRONT STREET | | POSTAGE | 0 9 | 2 1 | 0 5 | ; [| 185.00 | | |
| City | State | Zip Code | Receive | d at Fu | ndraising | Event? | | | |
| COLUMBUS | O H | 43215 | | VES | | 10 | | | |
| Full Name of Contributor | Employer, Occi | upation, Labor Organization * | Registr | ation Nu | mber, if | PAC | | | |
| SAIA & PIATT, PLL | | | | | | | | | |
| Street Address | | Item or Service | М | D | Y | Fair Market V | | | |
| 713 S. FRONT STREET | | D, BEVERAGES | | 2 1 | | | 691.00 | | |
| City CCOLUMBUIC | State | Zip Code | | d at Fur | ndraising | | | | |
| COLUMBUS | O H | 43215 | YES 10 | | | | | | |
| Full Name of Contributor | Employer, Occi | upation, Labor Organization * | Registration Number, if PAC | | | | | | |
| OHIO DEMOCRATIC PARTY Street Address | | | ļ | , | , | | | | |
| 271 E. STATE STREET | | Item or Service | M | D | Y | Fair Market V | | | |
| City | | AL CONSULTANT | 0 9 2 8 0 5 2,000.00 Received at Fundraising Event? | | | | | | |
| COLUMBUS | O H | Zip Code 43215 | Receive | ES at Fur | idraising | Event? | | | |
| Full Name of Contributor | | pation, Labor Organization * | Pogistr | ation Nu | mbar if | | | | |
| | Employer, occu | pation, capor organization | Registr | ation ivu | mber, n | PAC | | | |
| Street Address | Description of | Item or Service | М | D | ΙΥ | Fair Market V | alue | | |
| | | | | Ī | li | | uiuo | | |
| City | State | Zip Code | Receive | d at Fur | draising | Event? | | | |
| | 1 1 | | | YES | Ŭ | 10 | | | |
| Full Name of Contributor | Employer, Occu | pation, Labor Organization * | Registration Number, if PAC | | | | | | |
| | | | 1 | | | | | | |
| Street Address | Description of I | tem or Service | М | D | Y | Fair Market V | alue | | |
| | | | | | | | | | |
| City | State | Zip Code | Receive | d at Fun | draising | Event? | | | |
| 5 11 11 | | | | /ES | | 10 | | | |
| Full Name of Contributor | Employer, Occu | pation, Labor Organization * | Registra | ition Nu | nber, if | PAC | _ | | |
| Chrone Add | | | | | | <u> </u> | | | |
| Street Address | Description of I | tem or Service | M | D | Y | Fair Market Va | alue | | |
| City | | T=: 0 . | | | oxdot | <u> </u> | | | |
| City | State | Zip Code | Receive | d at Fun | draising | | | | |
| Full Name of Contributor | Employer Occur | Employer, Occupation, Labor Organization * | | | | 10 | | | |
| Tail Name of Contributor | Employer, Occu | pation, Labor Organization | Registra | ition Nur | nber, ir | PAC | | | |
| Street Address | Description of I | tem or Service | М | D | - √ | Egir Market V | nluo. | | |
| | Description of 1 | COLL OL DELAICE | M | - | | Fair Market Va | nue | | |
| City | State | Zip Code | Receive | d at Fun | draising | Event? | | | |
| · | | | Received at Fundraising Event? | | | | | | |
| | | I | | 7-3 | | NO | | | |

Page Total \$ ___2,922.50

^{*} Required for contributions form individual over \$100 to statewide and General Assembly candidates. IF contributor is self-employed, occupaton rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear. [R.C. 3517.10(B)(4)]

31-C R.C. 3517.10

| Page <u>41</u> | _ |
|----------------|---|
|----------------|---|

Statement of Loans Received

Prescribed by Secretary of State 2/01

| Full Name of Committee CITIZENS FOR RANKIN | 1 | | | | | | | | | | | | | |
|--|-----------------|------------|------------|-----|----------|----------|---------|--------|------|------|-------|--------|--------------|---------------------|
| From Whom Received | | | - | | | | | | Prio | r Am | nount | | Amt. Incurr | ed this Period |
| MIKE R. RANKIN | | | | | | | | | | | 11,1 | 150.00 | | 0.00 |
| Address | | | | | | | | | | | | | Outstanding | Balance |
| 2432 WYNCOURTNEY C | OUR | Ί. | | | | | | | | | | | | 11,150.00 |
| City | State | Zip Cod | le | Loa | ns Rece | ived Thi | s Perio | d | | | | Payn | ents This Pe | riod |
| POWELL | O H | 43065 | 5 | | Date | | | Amount | | | Dat | е | | Amount |
| Date Loan was originally Incurred | м 0 9 | 2 0 | 0 4 | М | D | Y | \$ | | М | | D | Y | \$ | |
| Registration Number, if PAC | l | | | М | D | Y | | | М | | D | Ý | | |
| Employer/Occupation/Labor Organizatio | n* | | | М | D | Y | | | М | | D | Y | | |
| From Whom Received | | | | | <u> </u> | | | | Prio | r An | nount | | Amt. Incurr | ed this Period |
| AVIS M. RANKIN | | | | | | | | | | | 97,2 | 290,62 | | 0.00 |
| Address 806 LAKE STREET | | | | | | | | | | | | | Outstanding | Balance FORGIVEN |
| City | State | Zip Cod | le | Loa | ns Rece | ived Thi | s Perio | d | | | | Payn | ents This Pe | riod |
| MARBLEHEAD | O H | 43440 |) | | Date | | | Amount | | | Dat | | Amount | |
| Date Loan was originally Incurred | м 0 4 | D 0 8 | Y 0 4 | М | D | Y | \$ | | М | | D | Y | \$ | |
| Registration Number, if PAC | | .* | | М | D | Y | | | М | | D | Y | | |
| Employer/Occupation/Labor Organizatio | n* | | | М | D | Y | | | М | | D | Y | | |
| From Whom Received | | | | | | <u> </u> | | | Prio | r An | nount | | Amt. Incurr | ed this Period |
| Address | | | | | | | | | | | | | Outstanding | g Balance |
| City | State | Zip Cod | le | Loa | ns Rece | ived Thi | s Perio | d | | | | Payn | ents This Pe | riod |
| ! | | | | 1 | Date | | | Amount | | | Dat | е | | Amount |
| Date Loan was originally | М | D | Y | М | D | Y | \$ | | М | | D | Y | \$ | |
| Incurred | | | | | | | | | | | | | | |
| Registration Number, if PAC | | | | М | D | Y | | | М | | D | Y | | |
| Employer/Occupation/Labor Organizatio | n* | | | М | D | Y | | | М | | D | Y | | |
| | | | | | 1 | | 1 | | | | | 1 | | |

If a loan is forgiven, write "Forgiven" in the "Outstanding Balance" space. Transfer total of all loans received this period to the Statement of Other Income (Form No. 31-A-2). Transfer total of all payments made in this period to the Statement of Expenditures (Form No. 31-B). Transfer Total Outstanding Balance to the cover page (Form No. 30-A).

| I | Total prior amount \$ | 108,440.62 | | |
|---|-------------------------------|------------|-------|---------------------------|
| 2 | Total received this period \$ | | 0.00 | . (To Form No. 31-A-2) |
| 3 | Total Payments this Period \$ | | 0.00 | (also record on Form 31-B |
| 4 | Total Outstanding Balance \$ | 11,1 | 50.00 | (To Form No. 30-A) |

31-N R.C. 3517.10

Statement of Outstanding Debts

| CITIZENS FOR RANKIN To Whom Owed MIKE R. RANKIN 2,201.11 Outstanding Balance 1 | | or Sta | | | | | | | |
|--|-----------------------------------|------------|---------------|------|---|----------|-----------|----------|---------------------------|
| To Whom Owed MIKE R. RANKIN Address State Zip Code Payments Made This Period Amount Amt. Incurred this Period Prior Amount Amt. Incurred this Period Prior Amount Amt. Incurred this Period Prior Amount Amt. Incurred this Period Payments Made This Period Prior Amount Prior Amount Amt. Incurred this Period Payments Made This Period Payments Made This Period Prior Amount Prior Amount Amt. Incurred this Period Prior Amount Amt. Incurred this Period Prior Amount Prior Amount Amt. Incurred this Period Prior Amount Prior Amount Prior Amount Amt. Incurred this Period Prior Amount Amt. Incurred this Period Prior Amount Amt. Incurred this Period Prior Amount Amt. Incurred this Period Prior Amount Prior Amount Prior Amount Prior Amount Prior Amount Prior Amount Amt. Incurred this Period Prior Amount Prior Prior Prior Prior Payments Made This Period Payments M | Full Name of Committee | | | | | | | | |
| MIKE R. RANKIN Address 2342 WYNCOURTNEY COURT City POWELL Date Debt was originally Incurred Address To Whom Owed Date Date Debt was originally Incurred M D Y M D Y S Amt. Incurred this Period Date Payments Made This Period Date Payments | | | | | | To : | | | |
| Address 2342 WYNCOURTNEY COURT City POWELL Date Debt was originally Incurred O 1 43065 Date Debt was originally Incurred O 0 1 6 0 4 M D Y M D | | | | | | Prior Ar | | | |
| 2342 WYNCOURTNEY COURT City POWELL Date Debt was originally Incurred M D Y M D Y S Date Debt was originally Incurred Date Debt was originally Incurred M D Y M D Y S | MIKE R. RANKIN | | | | | <u> </u> | | | 0.00 |
| State Zip Code Date Made This Period Date Amount Date Debt was originally Incurred M | | | | | | 1 | · | | |
| POWELL Date Debt was originally Incurred Registration Number, if PAC Date Debt was originally Incurred Date Date Debt was originally Incurred Date Date Debt was originally Incurred Date Date Debt was originally Incurred Date Date Date Debt was originally Incurred Date Date Date Debt was originally Incurred Date Date Date Date Date Date Date Date | | | - | | | IGNS | 6, MA | GNET | 2,201.11 |
| Registration Number, if PAC M | City | | 1 | | | | - | ments M | |
| Registration Number, if PAC D Column Colu | | | | | | ļ | | | |
| Registration Number, if PAC M | Date Debt was originally Incurred | | | | | M | B | Y | \$ |
| To Whom Owed Prior Amount Amt. Incurred this Period Address Item or Purpose for Debt Outstanding Balance City State Zip Code Payments Made This Period Date Amount Date Debt was originally Incurred M D Y M D Y Registration Number, if PAC M D Y M D Y Amt. Incurred this Period Date Amount To Whom Owed Prior Amount Amt. Incurred this Period Date Address Item or Purpose for Debt Outstanding Balance City State Zip Code Payments Made This Period Date Amount Amt. Incurred this Period Date Amount Date Debt was originally Incurred M D Y M D Y Registration Number, if PAC M D Y M D Y Registration Number, if PAC M D Y M D Y Registration Number, if PAC | Registration Number, if PAC | | | | | М | D | Ŷ | |
| To Whom Owed Prior Amount Amt. Incurred this Period Address Item or Purpose for Debt Outstanding Balance City State Zip Code Payments Made This Period Date Amount Date Debt was originally Incurred M D Y M D Y Registration Number, if PAC M D Y M D Y Amt. Incurred this Period Date Amount To Whom Owed Prior Amount Amt. Incurred this Period Date Address Item or Purpose for Debt Outstanding Balance City State Zip Code Payments Made This Period Date Amount Amt. Incurred this Period Date Amount Date Debt was originally Incurred M D Y M D Y Registration Number, if PAC M D Y M D Y Registration Number, if PAC M D Y M D Y Registration Number, if PAC | | | | | | | | | |
| Address State Zip Code Payments Made This Period Date Amount | | | | | | М | D | Y | |
| Address State Zip Code Payments Made This Period Date Amount | | | | | | | | | |
| City State Zip Code Payments Made This Period Date Amount Date Debt was originally Incurred M D Y M D Y S Registration Number, if PAC M D Y M D D Y M D | To Whom Owed | | | | | Prior Ar | nount | | Amt. Incurred this Period |
| City State Zip Code Payments Made This Period Date Amount Date Debt was originally Incurred M D Y M D Y S Registration Number, if PAC M D Y M D D Y M D | | | | | | | | | |
| Date Debt was originally Incurred M D Y M D Y S Registration Number, if PAC M D Y M D Y S To Whom Owed Prior Amount Amt. Incurred this Period Date Amount State Zip Code Payments Made This Period Date Amount Date Debt was originally Incurred M D Y M D Y S Registration Number, if PAC M D Y M D Y S Registration Number, if PAC M D Y M D Y S | Address | | | | | Item or | Purpose f | or Debt | Outstanding Balance |
| Registration Number, if PAC M | City | State | Zip (| Code | | | Pay | ments l | Made This Period |
| Registration Number, if PAC M D Y M D Y To Whom Owed Address Item or Purpose for Debt Outstanding Balance City State Zip Code Payments Made This Period Date Amount Date Debt was originally Incurred M D Y M D Y Registration Number, if PAC M D Y M D Y M D Y M D Y M D Y M D Y M D Y M D Y M D Y M D Y Registration Number, if PAC | | | ŀ | | | | Date | | Amount |
| Registration Number, if PAC M D Y M | | М | D | , | Y | M | D | Y | \$ |
| To Whom Owed Prior Amount Amt. Incurred this Period Address Item or Purpose for Debt Outstanding Balance City State Zip Code Payments Made This Period Date Amount Date Debt was originally Incurred Registration Number, if PAC M D Y M D Y M D Y Registration Number, if PAC | Registration Number, if PAC | | | | | М | D | Ý | |
| To Whom Owed Prior Amount Amt. Incurred this Period Address Item or Purpose for Debt Outstanding Balance City State Zip Code Payments Made This Period Date Amount Date Debt was originally Incurred Registration Number, if PAC M D Y M D Y M D Y Registration Number, if PAC | | | | | | | | | |
| Address Item or Purpose for Debt Outstanding Balance City State Zip Code Payments Made This Period Date Amount Date Debt was originally Incurred M D Y M D Y \$ Registration Number, if PAC M D Y | | | | | | М | D | Y | |
| Address Item or Purpose for Debt Outstanding Balance City State Zip Code Payments Made This Period Date Amount Date Debt was originally Incurred M D Y M D Y \$ Registration Number, if PAC M D Y | | | | | | | | | |
| City State Zip Code Payments Made This Period Date Amount Date Debt was originally Incurred M D Y M D Y \$ Registration Number, if PAC M D Y | To Whom Owed | | | _ | | Prior Ar | nount | <u> </u> | Amt. Incurred this Period |
| City State Zip Code Payments Made This Period Date Amount Date Debt was originally Incurred M D Y M D Y \$ Registration Number, if PAC M D Y | | | | | | l | | | |
| Date Debt was originally Incurred M D Y M D Y S Registration Number, if PAC M D Y | Address | | | | | Item or | Purpose 1 | for Debt | Outstanding Balance |
| Date Debt was originally Incurred M D Y M D Y S Registration Number, if PAC M D Y | | | | | | | | | |
| Date Debt was originally Incurred M D Y M D Y \$ Registration Number, if PAC M D Y M D Y M D Y | City | State | Zip (| Code | ; | | Pav | ments i | Made This Period |
| Registration Number, if PAC M D Y | | | | | | | | | |
| Registration Number, if PAC M D Y | Date Deht was originally Indurred | М | D | | Y | М | D | Υ | \$ |
| | | | | ĺ | | | 1 | | |
| M D Y | Registration Number, if PAC | ! <u> </u> | | | | М | D | Y | |
| M D Y | | | | | | | | | |
| | | | | | | М | D | Y | |
| | | | | | | | | | |
| | | | | | | | | L | |

o. 31-B) 0.00 (also record on Form 31-B) Total Payments this Period \$ 2,201.11 (also record on cover page) Total Outstanding Balance \$

TREASURER'S NOTE CITIZENS FOR RANKIN 2005 PRE-GENERAL REPORT

The following expenditures are not yet vouched for by a receipt, because a check for each has not yet cleared the checking account of the Citizens for Rankin Committee, nor been returned to its Treasurer as of October 26, 2005. Copies of the canceled checks vouching for these expenditures will be filed as an addendum to this Report when they are returned to the Treasurer by the banking institution.

| Date of | | | |
|-------------|---------|---------------------------|-----------|
| Expenditure | Check # | Payee | Amount |
| 10/05/2005 | 193 | The Brunner Firm Co., LPA | \$2400.00 |
| 10/12/2005 | 195 | Zach Mason | \$136.35 |